

ACCELERATION PLAN FOLLOW-UP FORM
AFTER SECOND TRANSITION PERIOD (IF NEEDED)

Student's Name: _____

School and Grade: _____

Today's follow-up meeting date: _____

Briefly explain the change in placement as decided by the acceleration plan committee after the first transition period :

Briefly explain the child's transition and adjustment to the new placement:

Team agrees that this placement is appropriate for this child and will become part of his/her permanent record file.

OR

Team agrees to the following alternate placement. This will become part of the child's permanent record file.

*After the placement becomes permanent, it is the school's responsibility to follow-through on implementation with each new school year.

Names and titles of team members:

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CLEVELAND METROPOLITAN SCHOOL DISTRICT
OFFICE OF GIFTED EDUCATION
Beverly Veccia, Gifted Program Manager K-12