

ACCELERATION PLAN PARENT SURVEY

Please rate the following items as you feel they pertain to your role in regards to your child’s acceleration. Circle the appropriate number with 5 meaning you “strongly agree” and 1 meaning you “strongly disagree.” Thank You.

	Strongly Disagree				Strongly Agree
1. I was involved in the acceleration process.	1	2	3	4	5
2. Meetings were scheduled in a timely fashion according to plan guidelines (30 days from the submission of the “acceleration request form” and 4-5 weeks for follow-up meetings during the transition period).	1	2	3	4	5
3. I had contact with the school during this initial acceleration year.	1	2	3	4	5
4. I had contact with the Office of Gifted Education during this initial acceleration year.	1	2	3	4	5
5. I feel my child’s academic enrichment needs are being met due to this plan.	1	2	3	4	5

Please explain any questions you answered with a score of 1 or 2.

Please provide any suggestions that will improve this process in the future.

Parent/Guardian Name _____ Date _____
 (Optional) School _____

Please forward to the Office of Gifted Education, Cleveland Metropolitan School District
 1440 Lakeside Avenue, Room 217, Cleveland, Ohio 44114