

Parent Acceleration Documentation

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| Student's Name (First and Last): | |
| Parent(s)' Name(s): | |
| Contact Information: | |
| Date: | |

Please attach and submit the following to the Principal prior to the Data Review Meeting.

1. *Observable Behaviors Of Gifted Students Questionnaire*
2. *Any work samples or other documentation of your child's ability, interest, or motivation to learn in the subject(s) being considered.*

