

Acceleration Approval Protocol For Courses Outside of the WCASD

Six weeks prior to the registration deadline for the desired course, the student must:

1. Initiate a consultation with his/her guidance counselor. The counselor will forward the request for acceleration to the student's teacher, the building principal, the curriculum supervisor, and the Director of Curriculum and Instruction.
2. The team then analyzes the request by examining the following criteria: student achievement and potential, educational appropriateness, educational relevance, and compatibility with the student's Personalized Education Plan
3. If the request meets the benchmarks of the above criteria, the content area supervisor will recommend a course at an accredited college/university or on-line provider.
4. If the request is approved, the following individuals will sign an Acceleration Approval Form—see attached.

In addition:

- The approved course will not count towards credit, class rank, or GPA.
- The district will not fund any costs associated with the approved course.
- The student must achieve a grade that is equal to or better than the prerequisite/recommended grade for the next course in succession. The grade will be recorded on the student's transcript
- All online tests must be taken at the home school and arranged through students' grade level administrator or summer school principal.

WCASD Acceleration Approval Form

_____ has been approved to take _____
(student's name) (course title)

for acceleration. This form verifies that the acceleration protocol was followed and that this student has met the requirements for acceleration. In addition the parents agree to the following:

- The approved course will not count towards credit, class rank, or GPA.
- The district will not fund any costs associated with the approved course.
- The student must achieve a grade that is equal to or better than the prerequisite/recommended grade for the next course in succession. The grade will be recorded on the student's transcript.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Counselor Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Director Signature: _____ Date: _____

Principal Signature: _____ Date: _____

