

Application for Grade Level Acceleration – Grades 1-5

PART ONE (to be completed by the parent/guardian and submitted to cbe@garlandisd.net)

Student's Local ID#: _____ Date of birth: _____ Current Grade: _____

Current Campus _____

Name: _____
Last First Middle

Address: _____
Street Apt #

_____ City State Zip Code

Parent/Guardian's Phone Number: (_____) _____

Parent/Guardian's Email Address: _____

If my student qualifies, I would to apply for a 2-5th grade magnet program. Yes No

**Note: you must contact the magnet office at gisdmagnetprograms@garlandisd.net to complete a magnet application during the 2nd-5th Magnet application window or the second chance magnet application window.*

PART TWO (each statement below must be initialed by parent/guardian)

- 1. I understand that the recommendation to administer or not to administer a CBE for acceleration will be determined based on my student's prior assessment history of MAP Growth and STAAR assessments (if applicable). _____*
- 2. I give permission for my student, indicated on this application, to be administered a CBE should he/she meet the initial qualifications. If my student does not meet the qualifications, I will be notified. _____*
- 3. I understand that if my student is recommended to take a CBE for grade acceleration, he/she must score at least an 80% or higher on each of the four content exams (language arts, math, science, and social studies) is required to accelerate a grade level. _____*
- 4. I understand that the district assumes the cost of CBEs. However, if the student does not take an exam for which he/she is registered, the district will not assume the cost for the student to register again for the same exam. In this case, the parent/guardian will be required to pay for the exam(s) prior to ordering. _____*

I, the parent/guardian, am aware that placement into 2nd- 5th grade will occur the following school year should my child meet the qualifications. I am also aware that acceleration is on a probationary basis, and I am aware that my child may be placed back into the previous grade should it be in his/her best social, emotional or academic interests.

Parent/Guardian name printed

Parent/Guardian Signature

Date

PART THREE (to be completed and signed by RAAD prior to testing)

Review of Student’s Academic Performance

Assessment	Tested Language	RIT	EOY Percentile of grade level to skip
MAP Growth Reading 2-5			
MAP Growth Math 2-5			

STAAR Assessment	Tested Language	Scaled Score	Level
3 rd STAAR Math			
3 rd STAAR Reading			
4 th STAAR Math			
4 th STAAR Reading			
4 th STAAR Writing			
5 th STAAR Reading			
5 th STAAR Math			
5 th STAAR Science			

PART FOUR (To be completed by the RAAD department upon receipt of exam results and forwarded to the proper campus administrator and/or counselor)

Course/Subject Exam	Date Tested	Score
Language Arts		
Math		
Science		
Social Studies		

Based upon the CBE results, the student meets all requirements to accelerate and will be accelerated to the following grade level according to the placement guidelines on the Garland ISD CBE schedule: _____
Grade level

 RAAD Coordinator Signature Printed Name Date

 Campus Administrator Signature Printed Name Date

Once the results have been communicated to the parent/guardian, please place this application into the student’s cumulative folder