

Written Acceleration Plan (WAP) for Kindergarten to Grade 8

Student Name _____	Student Identification Number _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth _____	Grade Level _____	School Year _____	Target graduation date _____
Parent/Guardian _____	Parent Address _____		
Email _____	Home Phone _____		
District of Residence _____	District of Service _____		
Placement: From: _____	Transition Period: Beginning _____	Iowa Accelerated Scales Score:	
Grade/Subject _____	Teacher(s) _____	Mm/dd/yy _____	
To: _____	Ending _____	_____	
Grade/Subject _____	Teacher(s) _____	Mm/dd/yy _____	

Strategies to ensure a successful transition:

Strategies to ensure continuous progress following the transition period:

Requirements and Procedures for Earning High School Credit Prior to Entering High School (if applicable):

Staff member assigned to monitor the implementation of this plan:

Name _____ Title/Position _____

Signatures:

School District Representative Date _____ Parent/Guardian Date _____

Copies: Student's Permanent File, Building Principal(s), Current Teacher(s), Receiving Teacher(s), Gifted Services Coordinator, Parent/Guardian.