

Written Acceleration Plan (WAP) for Early High School Graduation

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 _____		
Transition Period: Beginning _____	Ending _____		
Mm/dd/yy	Mm/dd/yy		

Written Plan for Early Graduation
The Student will:

Strategies necessary to allow the student to complete graduation requirements on an accelerated basis:
(List any waived district course prerequisites, waived graduation requirements that exceed those required by the state, early promotion to sophomore [or higher] status, educational options, etc.)

Staff member assigned to monitor the implementation of this plan:
Name _____ Title/Position _____

Signatures:

_____	_____
School District Representative	Parent/Guardian
Date	Date
_____	_____
Student	Date

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