

Parent/Student Response Form

Accelerated Math Program

This form is to be used to indicate your choice regarding the Accelerated Math Program. Please check the appropriate section below and return this form with your child to his/her 6th grade teacher by **Friday, February 15th, 2019**

_____ I would like to be considered for the Accelerated Math Program at this time. I understand that indicating my interest is just the beginning of the process. I will take the Algebra Prognosis Exam and all relevant data will be reviewed including teacher recommendation. I will then be notified whether or not I am recommended for the program.

_____ I do not want to be considered for the Accelerated Math Program at this time. I understand that I have the opportunity to be considered at the end of 7th grade if I meet the criteria for inclusion in the program.

Student Name: _____

Parent Signature: _____ Date: _____