

**Allen County Educational Service Center
Written Acceleration Plan (WAP)**

School District: _____

Name _____ D.O.B. _____

School Year _____ Grade _____ Building _____

Parent/Guardian _____

Student identification # _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

WAP was developed and agreed upon by the following participants:

E-Mail Address _____

Parent/Guardian: _____ Date: _____

Acceleration Options:

Early Entrance to Kindergarten

Counselor _____ Date: _____

Whole-Grade Acceleration

Former Teacher: _____ Date: _____

Subject(s) Acceleration

Current Teacher: _____ Date: _____

Early High School Graduation

Principal: _____ Date: _____

Coordinator: _____ Date: _____

Placement for Acceleration	Strategies to Support the Transition	Transition Period
<div data-bbox="96 964 714 1060" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> Designated Staff Member to Monitor and Ensure Implementation of WAP </div>		

- End of Transition/Acceleration Becomes Permanent on _____ .
- District records are modified accordingly on _____ .
- WAP becomes part of the student's permanent record to facilitate continuous progress through the curriculum.