

Ironton City Schools

**Academic Acceleration Plan
For Early High School Graduation**

Student Name: _____ **Current Grade:** _____

Accelerated Placement Transition Period: ____/____/____ to ____/____/____
(Starting Date) (Ending Date)

Staff member responsible for ensuring successful implementation of the written acceleration plan and for monitoring the adjustment of the student to the accelerated setting:

Strategies to allow student to complete graduation requirements on an accelerated basis:

Additional Pages Attached.

Requirements & procedures for earning high school credit prior to entering high school (if applicable):

Additional Pages Attached.

Signature of Academic Acceleration Plan Participants

(Principal)

(Monitoring Teacher)

(Parent/Guardian)

____/____/____
(Date)