



# Academic Placement Plan

## Subject/Grade Acceleration

Student Services

Clear Form

Frederick County Public Schools  
191 South East Street  
Frederick, Maryland 21701

Form # 416-01-F01  
December 2025

**INSTRUCTIONS:** This form should be used to document the process when a student has been recommended for subject or grade acceleration. Prior to completion of this form, the Advanced Academics office and school shall meet with the parent/guardian to outline the options for acceleration, the implications thereof, and determine additional data needed. Once a complete data profile is compiled, there will then be a follow-up meeting to discuss subject or grade level acceleration placement and completion of this form.

Name of Student: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Student ID: \_\_\_\_\_

School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Subject/Grade Level Placement: \_\_\_\_\_

Requested Subject/Grade Level Placement: \_\_\_\_\_

Explanation for Request (May Attach Additional Rationale or Documentation): \_\_\_\_\_

Data Used to Determine Placement (Attach Data Reports): \_\_\_\_\_

In accordance with FCPS Regulation 416-01, the following conditions for provisional/probationary placement have been discussed and communicated:

- Initial conference with School, Student, Parent/Guardian Date: \_\_\_\_\_
- Follow-up Placement Meeting Date: \_\_\_\_\_
- Recommended subject/grade level placement: \_\_\_\_\_
- Action Steps/Conditions to support placement which include:
  - School Responsibilities
  - Student Responsibilities
  - Parent/Guardian Responsibilities
  - Indicators for Determining Success of Placement
- Attached Academic Placement Plan (School-developed)

The following timeline for provisional/probationary placement has been developed:

- Start Date: \_\_\_\_\_
- Review Date(s): \_\_\_\_\_
- End Date: \_\_\_\_\_

### Approval of Agreement, Action Steps/Conditions, and Responsibilities

Principal: \_\_\_\_\_ (print) \_\_\_\_\_ (signature) Date: \_\_\_\_\_

Teacher/Teacher Specialist: \_\_\_\_\_ (print) \_\_\_\_\_ (signature) Date: \_\_\_\_\_

School Counselor: \_\_\_\_\_ (print) \_\_\_\_\_ (signature) Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ (print) \_\_\_\_\_ (signature) Date: \_\_\_\_\_

Student: \_\_\_\_\_ (print) \_\_\_\_\_ (signature) Date: \_\_\_\_\_