

COMPLETION REQUEST FOR GRADUATION DEMONSTRATION REQUIREMENT DOCUMENTATION FORM

Department of Special Education
Lincoln Public Schools

Student Name: _____ Grade: _____

Student ID Number: _____ High School: _____

Graduation Demonstration (check one): Math Reading Writing

Mark the description that is being proposed to document the student's completion of the graduation demonstration requirement. **Attach appropriate documentation to show completion of the requirement.** (Note any other pertinent information on the reverse of this form.)

_____ Scored at or above the 70th percentile on a standardized test. (Total Math or Total Reading)

Name of Test: _____ Score: _____

_____ Completed comparable course work at an accredited high school. (Math only)

Name of Course(s): _____ High School: _____

_____ Completed alternative course work and/or testing identified to meet graduation demonstration:

Reading Advancement Composition English 11

_____ Completed course work proposed by IEP to meet modified demonstration requirement:

Date of IEP: _____ Verified Disability: _____

Name of Course(s): _____ Course Grade: _____

Alternate Assessment:

Date of IEP: _____ Verified Disability: _____

VOICE enrollment (typically students entering LPS and moving immediately to VOICE):

Date of IEP: _____ Verified Disability: _____ LPS Enrollment Date: _____

Submitted by: _____ Position: _____

Send original completed form to the appropriate GDE coordinator. For students with proposed IEP modifications, send to the Assistant Director of Special Education. The signatures below will indicate approval or denial of the above request.

FOR DISTRICT OFFICE USE ONLY		Approval Date	Denial Date
_____ <i>Graduation Demonstration Coordinator</i>			
_____ <i>Curriculum Specialist/Assistant Director of Special Education</i>			
_____ <i>Director of Curriculum</i>			