**Supplemental Accelerated Instruction Withdrawal Process**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| ***[STAAR/STAAR ALT. 2*** | **Accelerated Instruction Hours Completed** | **Hours Remaining/Notes:** |
|  | Yes  No  NA |  |
|  | Yes  No  NA |  |
|  | Yes  No  NA |  |
|  | Yes  No  NA |  |
|  | Yes  No  NA |  |

Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach the information to the student’s record in TREx in one of the following formats:**

* PDF format;
* MS Word (.doc) files; or
* MS Excel (.xls) files