

**COMPLETION REQUEST FOR GRADUATION DEMONSTRATION REQUIREMENT  
DOCUMENTATION FORM**  
Department of Special Education  
Lincoln Public Schools

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
FirstLast

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:
<input type="checkbox"/> Reading Advancement <input type="checkbox"/> Composition <input type="checkbox"/> 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.

<b>FOR DISTRICT OFFICE USE ONLY</b>									
_____ <small>Graduation Demonstration Coordinator</small>	<table border="1" style="width: 100%;"><tr><th style="width: 50%; text-align: center;">Approval Date</th><th style="width: 50%; text-align: center;">Denial Date</th></tr><tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr><tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr><tr><td style="height: 40px;"></td><td style="height: 40px;"></td></tr></table>	Approval Date	Denial Date						
Approval Date		Denial Date							
_____ <small>Curriculum Specialist/Assistant Director of Special Education</small>									
_____ <small>Director of Curriculum</small>									