



32000 Chagrin Boulevard • Pepper Pike, Ohio 44124-5974 • (216) 831-8600 • (216) 831-4298 FAX

GIFTED ACCELERATION REFERRAL FORM

Student: _____ School: _____ Grade: _____

Date of Referral: _____ Person Initiating Referral: _____

Relationship to Child: _____ Current Course: _____

Proposed Course/Grade Level: _____

Referral is for acceleration in the following area(s):

- Whole-grade acceleration
- Individual subject acceleration*
 - Mathematics
 - Reading
 - Social Studies
 - Science
- Early high school graduation

REASONS:

I understand that if I grant permission, my child will be evaluated and assessed by designated school personnel. The information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of the results of this assessment and included in the acceleration team meeting to discuss acceleration options.

***This referral does not automatically mean that an acceleration will occur, but rather that the data collection process will begin.**

Permission is given to conduct the necessary assessment(s)

Signature of Parent/Guardian

Date

PLEASE RETURN TO THE COORDINATOR OF GIFTED SERVICES

**All referrals for subject acceleration must be submitted within 45 calendar days of the first quarter to be considered for semester placement and within 45 calendar days of the end of the school year for consideration for the upcoming school year.*