

**The Aurora City Schools
Acceleration Referral Form**

Student's Name _____ **Grade** _____

School _____ **Date** _____

Type of Acceleration to be Considered:

- Subject or Subjects (specify):** _____
- Whole Grade:** from grade _____ to grade _____
- Early Entrance to Kindergarten**
- Early Graduation**

Current Areas of Gifted Identification:

- Superior Cognitive Ability** **Reading** **Mathematics** **Social Studies** **Science**
- Creative Thinking Ability** **Music** **Dance** **Drama/Theatre** **Visual Arts**
- Student is not identified as gifted at this time** **Do not know if student is identified as gifted**

Explain why you are referring this student for acceleration. Include evidence such as grades and Ohio Achievement Test scores to indicate that he/she will be successful in an accelerated placement.

Explain how this student will benefit more from acceleration than from the implementation of differentiation strategies and other educational options at the current placement.

Signature of Person Initiating Referral

Position or Relationship to Child

Return this completed form to the child's principal. If permission is granted to evaluate the child for acceleration, an acceleration committee will determine the most appropriate available learning environment for the referred student and will issue a written decision to the principal and to the student's parent or legal guardian within forty-five days of the referral.