

## ELIDA LOCAL SCHOOLS

## ACCELERATION REFERRAL FORM

<b>Superintendent</b> 4380 Sunnydale Elida, OH 45807 High School Office: 419-338-6801 Middle School Office: 419-338-6802 Elementary School Office: 419-338-6803	Elida Local Schools	Parents' Name _____
		Address _____
		Phone _____
		E-Mail _____

**Request for Acceleration Review**

Please check the appropriate box on the left.

- Elida Elementary Principal  
 Elida Middle School Principal  
 Elida High School Principal

This is a request for review of accelerated options for \_\_\_\_\_  
(Child's Name)

- This child is currently a student in grade \_\_\_\_\_ for the \_\_\_\_\_ school year.  
 This child is currently not a student at Elida.

Person making the request: \_\_\_\_\_

- Parent/Legal Guardian     Teacher     Administrator     Gifted Education Specialist  
 Guidance Counselor     School Psychologist     Other: \_\_\_\_\_

As required by Elida's adopted Policy on Academic Acceleration, the following options exist for consideration as appropriate:

- Early Entrance to Kindergarten     Subject Acceleration  
 Grade Acceleration     Early High School Graduation

Board policy indicates children who are referred for evaluation sixty (60) or more days prior to the start of the school year shall be evaluated in advance of the start of the school year so that the child may be placed in the accelerated placement on the first day of school.

Children who are referred for possible accelerated placement sixty (60) or more days prior to the start of the second semester shall be evaluated for possible accelerated placement at the start of the second semester.

In all other cases, evaluations of a referred child shall be scheduled at the student's principal's discretion and placed in the accelerated setting(s) at the time recommended by the acceleration evaluation committee - if the committee determines the child should be accelerated.

As board policy indicates, parents will be notified in writing of the outcome of the evaluation process within forty-five (45) days of the submission for referral.

Date of Submission for Referral: \_\_\_\_\_

Parents are requested to participate in a conference designed to evaluate the appropriate academic recommendation for their child. A committee comprised of personnel in the following roles will convene to review and compile all pertinent data relative to the acceleration options:

Principal or Designee	Current Teacher	Accelerated Teacher	Parent/Legal Guardian
Gifted Education Coordinator	Gifted Intervention Specialist	Guidance Counselor	School Psychologist

I am requesting the building principal initiate the process for my child to enable accelerated placement.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

6/25/13  
6/12/14

Original in Student's Permanent File, Copies to District Gifted Office Files, Gifted Coordinator  
Blank files located in each office and attached to the school web site.