



## PARENT REFERRAL FOR ACCELERATION

|                        |  |               |  |             |  |
|------------------------|--|---------------|--|-------------|--|
| <b>Student's Name:</b> |  | <b>Grade:</b> |  | <b>Sex:</b> |  |
|------------------------|--|---------------|--|-------------|--|

|              |                       |
|--------------|-----------------------|
| <b>Date:</b> | <b>Date of Birth:</b> |
|--------------|-----------------------|

|                               |  |             |  |
|-------------------------------|--|-------------|--|
| <b>Parent/Guardian Names:</b> |  |             |  |
| <b>Street Address:</b>        |  |             |  |
| <b>City:</b>                  |  | <b>Zip:</b> |  |

|                                   |  |  |  |
|-----------------------------------|--|--|--|
| <b>Person Initiating Request:</b> |  |  |  |
| <b>Relationship to Student:</b>   |  |  |  |

|                        |               |
|------------------------|---------------|
| <b>Daytime Cell #:</b> | <b>Email:</b> |
|------------------------|---------------|

**Type of Acceleration Being Requested:**

|   |   |
|---|---|
| <input type="checkbox"/> Early Entrance Kindergarten<br>For school year _____ | Required score of 115 or higher on cognitive ability assessment.<br>Preference: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon Does not guarantee time |
|---|---|

|  |  |
|--|--|
| <input type="checkbox"/> Whole Grade Acceleration<br>For school year _____ | Required assessments in all subject areas: grade level, two grade levels above and IQ.<br><input type="checkbox"/> From grade _____ to grade _____ |
|--|--|

|   |  |
|---|--|
| <input type="checkbox"/> Individual Subject Acceleration<br>For school year _____ | Select only one academic area below:<br><input type="checkbox"/> Math<br><input type="checkbox"/> Reading/Language Arts<br><input type="checkbox"/> Science<br><input type="checkbox"/> Social Studies<br><input type="checkbox"/> Other _____ |
|---|--|

## Social-Emotional Factors

|   |  |
|---|--|
| Would acceleration be socially and emotionally appropriate?   |  |
| Please explain the effect you believe acceleration will have on your child's relationship to older peers. |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

## Academics

|   |
|---|
| Why do you think your child is academically ready to be advanced? |
|   |
|   |
|   |
|   |
|   |
|   |

Testing is required for acceleration purposes. Your child will receive testing by designated school personnel and the information may be shared with your child's teachers, principals and other appropriate school personnel. The school district will inform you if your child qualifies for acceleration.

Please check box if giving permission and fill in child's full name:

- Yes, I give permission for direct testing of intellectual ability and/or individual subject testing for my child, \_\_\_\_\_, to be tested by a school psychologist and/or district gifted coordinator.

|                          |  |              |  |
|--------------------------|--|--------------|--|
| <b>Parent Signature:</b> |  | <b>Date:</b> |  |
|--------------------------|--|--------------|--|

Please return form to:  
Danielle Bartos  
Canal Winchester Education Center  
100 Washington Street, Canal Winchester, OH 43110  
[dbartos@cwls.us](mailto:dbartos@cwls.us) Fax: (614) 833-2168