Revere Local Schools
Acceleration Referral Form

Student Name: _____ Student ID #: _____

Present Grade: _____ School: _____ Date of Birth: _____

TYPE OF ACCELERATION — **Documented Evidence – Test Scores**

- ☐ Early Entrance _____
- ☐ Whole-Grade Acceleration _____
- ☐ Individual Subject Area:
  - ☐ Mathematics _____
  - ☐ Science _____
  - ☐ Reading _____
  - ☐ Writing _____
  - ☐ Social Studies _____
  - ☐ Visual Arts _____
  - ☐ Performing Arts _____
- ☐ Early Graduation from High School _____

_____

_____
Print: Name of Person Initiating Referral

Relationship to Student: (Circle one)
Teacher, Administrator, Guidance Counselor, School Psychologist, Parent/Guardian, Self, Peer, Other: _____

_____ _____
Signature of Person Initiating Referral Date

NOTE: *A parent may request an evaluation and review through any verbal or written means to the building administrator.*

PLEASE RETURN TO BUILDING ADMINISTRATOR

3496 Everett Road • Richfield, Ohio 44286 • 330-659-6111 • Fax: 330-659-3127
AN EQUAL OPPORTUNITY EMPLOYER