



REVERE LOCAL SCHOOLS
Academic Acceleration
Evaluation and Review Permission Form

To the Parents/Guardians of: _____ Student ID: _____
(Student name)

Address: _____ Date of Birth: _____

School: _____ Homeroom Teacher: _____

Present Grade: _____ Referred by: _____

Your child has been referred as a potential candidate for Acceleration Type:

- Early Entrance
- Whole-Grade Acceleration (Assessment: IAS, 3rd Ed.)
- Subject Acceleration: _____
- Early High School Graduation

I understand that if I grant permission, my child may be assessed by designated school personnel. The results of these assessments and other relative information will be shared, as outlined in the *Ohio Department of Education Model Policy for Academic Acceleration*, with teachers, principals, and other appropriate school personnel.

- Permission is given to conduct the evaluation and review
- Permission is denied

Print Name of Custodial Parent/Legal Guardian

Signature of Custodial Parent/Legal Guardian

Date

Please return this form to your child's school by: _____

Please Note: *Granting permission does not guarantee access to acceleration options.*