



HUDSON CITY SCHOOLS
ACADEMIC ACCELERATION REFERRAL FORM

Student _____ School _____ Grade _____

Type of Acceleration Requested:

☐ Early Entrance to Kindergarten

☐ Whole Grade Acceleration

☐ Subject Acceleration

Specify subject _____

☐ Early Graduation from High School

Completed forms can be returned to
your School Principal or Mr. Hatcher.

*Derek Hatcher, Gifted Coordinator
Hudson Middle School
83 North Oviatt
Hudson, OH 44236
(330) 653-1329
hatcherd@hudson.k12.oh.us*

Please provide specific reasons for this request: _____

Signature of Person Initiating Referral

Position or Relationship to Student

Date

PERMISSION FOR ASSESSMENT

By signing below, I am granting permission for my child to be assessed by designated school personnel. The information may be shared with teachers, principals, and other appropriate school personnel. I understand that I will be informed of assessment results and included in the acceleration team meetings to discuss acceleration options.

Parent/Guardian Signature

Date

Angela Terella, Assistant Superintendent • terellaa@hudson.k12.oh.us

Empowering Students to Achieve Uncharted Levels of Success