Gahanna-Jefferson Public Schools
630 Morrison Road, Suite 200 Gahanna, OH 43230 (614)471-7065 www.GahannaSchools.org

Acceleration Referral Form

Student name _____

School _____ Present Grade _____

Person making the referral _____

Relationship to student _____ Date _____

Type of Acceleration Requested:

- ❑ Individual Subject Acceleration
  - ❑ Mathematics
  - ❑ Reading/Language Arts
  - ❑ Science
  - ❑ Social Studies
- ❑ Early Entrance to First Grade
- ❑ Early High School Graduation
- ❑ Whole Grade Acceleration
  From grade _____ to grade _____

Please address the following questions:

1. **Academics:** Why do you believe this student is a good candidate to accelerate to a higher level? Please give specific examples.

2. **Social/Emotional:** How does this student relate to students in other grades? Please give specific examples.

3. Is there any other pertinent information not described above to be considered in the acceleration of this student?

I give permission for my student to be assessed for possible acceleration.

Parent/Guardian Signature: _____ Date: _____

Please return this form to your child's school principal/office or email to gjpsgifted@gjps.org.