



Acceleration Referral/Request for Evaluation

Olentangy Local Schools is committed to maximizing the learning of all students in every classroom through challenging curriculum and enriched opportunities. Acceleration is an academic placement that supports students in meeting the district mission. Acceleration requires careful consideration and review of a variety of data points in order to make a student-centered decision. A team of educators and parents will be part of the decision making process. All acceleration requests must be made at least 60 days prior to the beginning of a semester. Academically, the best time to request acceleration is spring, in order for students to begin the accelerated placement in the fall.

With permission, any necessary assessments will be administered in order to comply with the Acceleration Policy and make an informed decision regarding the acceleration request. Results will be shared in a timely manner per the Acceleration Policy.

_____ is being referred for
acceleration.

(Student First, Last Name and Current Grade)

Acceleration Option Requested:

____ Early Graduation from High School

____ Whole Grade Acceleration from _____ to _____
(Current Grade) (Proposed Grade)

____ Subject Acceleration from _____ **TO** _____
(Current Grade and subject) (Proposed Grade and subject)

This referral is originated by: (check one or more)

____ Parent(s)/Guardian(s) _____
(Name)

____ Teacher(s) _____
(Name, grade, subject)

____ Student _____
(Name, grade)

I give permission for my student to be assessed to determine eligibility for acceleration.

Parent/Guardian signature _____

Student signature in support of this request _____

Homeroom Teacher/Team _____

Date _____ Phone _____

Email _____

Please complete, sign and return this form to _____, Gifted Specialist.

Please contact the gifted specialist listed above if you have any questions or concerns.

