Student Acceleration Referral and Review Form

Steubenville City Schools | Use this form to request consideration of acceleration. A referral starts an evaluation under the district's adopted acceleration policy; it does not itself authorize a placement.

Student and referral information

Student name _____

Date of birth: _____ Current grade: _____ School: _____

Parent or guardian name(s): _____ Phone or email: _____

Referral submitted by: _____ Relationship to student: _____

Date submitted: _____ Requested start date or school year: _____

Acceleration requested

☐ Whole grade acceleration Current grade: _____ Proposed grade: _____

☐ Subject area acceleration Subject/course: _____ Current level: _____ Proposed level: _____

☐ Early high school graduation Proposed graduation date: _____

☐ Advanced mathematics opportunity Current course: _____ Requested next course: _____

☐ Other acceleration option under district policy: _____

Reason for referral

Describe the student's readiness, learning needs, and why the current placement may not be appropriate:

_____

_____

_____

Relevant evidence attached or available (check all that apply):

☐ Work samples ☐ Grades/course history ☐ Achievement results ☐ Ability results ☐ Teacher input

☐ Student input ☐ Parent input ☐ Other: _____

Signature of person making referral: _____ Date: _____

Submit to: _____ Contact: _____

District Review and Decision Record

For district use. Follow the locally adopted acceleration policy, including its evaluation criteria, timeline, notices, placement plan, and any appeal process.

Referral intake and evaluation

Date received: _____ District contact: _____ Parent notified: _____

Evaluation team members and roles: _____

_____

Measures and evidence reviewed, including dates and results:

_____

_____

_____

Academic readiness: _____

Student interest and social emotional considerations: _____

Course prerequisites, credit, and graduation implications, if applicable: _____

Decision and implementation

☐ Approved ☐ Approved with conditions ☐ Not approved Decision date: _____

Reason and evidence supporting decision: _____

_____

_____

Placement/course and start date: _____

Transition supports and responsible staff: _____

Progress review date(s) and measures: _____

Team representative signature: _____ Date: _____

Written decision sent to parent/guardian: _____ Student record updated: _____

Parent/guardian acknowledgment of receipt (not agreement): _____ Date: _____

Local policy information

District acceleration policy or procedure reference: _____

Appeal contact and deadline under district policy: _____

Reference: Ohio Revised Code 3324.10. This form supports documentation and must be used with the district's adopted policy. Beginning September 23, 2026, section 3324.10 also includes advanced mathematics opportunities.