

Fairfield City School District
Acceleration Referral Form

Student Name: _____

School: _____

Grade: _____

Name of person initiating referral: _____

Relationship to student: _____

1. The student is referred for possible acceleration in the following areas:

_____ Whole Grade

_____ Single Subject

 ___ Math

 ___ Reading

 ___ Science

 ___ Social Studies

_____ Early Graduation

2. Why are you considering acceleration for this child? _____

3. Has this child been identified as gifted by the state of Ohio guidelines? _____

If so, in what areas has he/she been identified? _____

4. Program Modification: What has been done relative to acceleration? (A student's academic modifications must occurred prior to acceleration referral. i.e. Differentiation, compacting, independent study) _____

5. What evidence supports reasons for acceleration? (Give examples such as Super Saturday programs, outside assessment, recognitions) _____

6. Successful performance: (Provide academic examples.) _____



I give permission for my child to be assessed for purposes of possible acceleration.

Signature of Parent or Legal Guardian

Date

Phone Number

Signature of Person Receiving Referral

Date

Deadlines:

Referral for first semester acceleration must be submitted by March 15th.

Referrals for second semester acceleration must be submitted by November 1st.