

Gahanna-Jefferson Public Schools

160 South Hamilton Road ~ Gahanna, Ohio 43230
614.471.7065 ~ (Fax) 614.478.5568

Acceleration Referral Form

Student name _____

School _____ Present Grade _____

Person making the referral _____

Relationship to student _____ Date _____

Type of Acceleration Requested:

- | | |
|--|---|
| <input type="checkbox"/> Individual Subject Acceleration | <input type="checkbox"/> Early Entrance to Kindergarten |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Early Entrance to First Grade |
| <input type="checkbox"/> Reading/Language Arts | <input type="checkbox"/> Early High School Graduation |
| <input type="checkbox"/> Science | <input type="checkbox"/> Whole Grade Acceleration |
| <input type="checkbox"/> Social Studies | From grade ____ to grade ____ |
| <input type="checkbox"/> Other _____ | |

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?

Please return form to the student's building principal

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Acceleration Permission for Testing

Student name _____

School _____ Present Grade _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Email: _____

Please indicate with a check mark the area(s) to be assessed:

- | | |
|--|---|
| <input type="checkbox"/> Individual Subject Acceleration | <input type="checkbox"/> Early Entrance to Kindergarten |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Early Entrance to First Grade |
| <input type="checkbox"/> Reading/Language Arts | <input type="checkbox"/> Early High School Graduation |
| <input type="checkbox"/> Science | <input type="checkbox"/> Whole Grade Acceleration |
| <input type="checkbox"/> Social Studies | From grade _____ to grade _____ |
| <input type="checkbox"/> Other _____ | |

Please select one of the following two statements below regarding your child's participation in testing, and sign this form. As soon as the testing is completed and scored, you will be invited to participate in an Acceleration Conference where results will be shared.

_____ I **give** permission for my child to participate in the testing of the above initialed area(s) for possible acceleration.

_____ I **do not give** permission for my child to participate in the testing of the above area(s) for possible acceleration.

Parent/Guardian Signature: _____ Date: _____

Please return form to the student's building principal