



Kings Local School District
ACCELERATION REFERRAL FORM

Student's Name _____ Date of Birth _____

School _____ Grade _____ Teacher _____

Parent/Guardian _____ Phone _____

Address _____ Email _____

This student has been referred for a possible acceleration in the following area/areas. (Check all that apply and give reason/s)

_____ **Early Entrance** - admitting a student to kindergarten or first grade who has not yet reached the cut off age (If the child turns 5 after January 1st, an early entrance referral may only be made by a psychologist, pediatrician, district teacher, gifted specialist, or district administrator.)

_____ **Individual Subject Acceleration** - assigning a student to a higher grade level for a certain subject(s)

_____ **Reading**

_____ **Mathematics**

_____ **Science**

_____ **Social Studies**

_____ **Whole Grade Acceleration** – assigning a student to a higher grade level for all subjects on a full-time basis

_____ **Early High School Graduation** – completion of the High School program in less than 4 years

Signature of Person Initiating Referral Position /Relationship to Child Date

Parent/Guardian Signature (required for testing) Date

Please return the completed form to your child's Building Principal.

~Important Information~

Board policy indicates children who are referred for evaluation sixty (60) or more days prior to the start of the school year shall be evaluated in advance of the start of the school year so that the child may be placed in the accelerated placement on the first day of school.

Children who are referred for possible accelerated placement sixty (60) or more days prior to the start of the second semester shall be evaluated for possible accelerated placement at the start of the second semester.

In all other cases, evaluations of a referred child shall be scheduled at the student's principal's discretion and the child shall be placed in the accelerated setting(s) at the time recommended by the acceleration evaluation committee – if the committee determines the child should be accelerated.

An evaluation committee consisting of a principal, gifted coordinator, Gifted Intervention Specialist (GIS), current grade level teacher (or teachers) and the parent will determine the most appropriate learning environment for the referred student.

Pursuant to Ohio Administrative Code 3321.01, all children who will be the proper age for entrance to kindergarten or first grade by the first day of January of the school year for which admission is requested shall be evaluated upon the request of the child's parent or legal guardian. Children who will not yet be the proper age for entrance to kindergarten or first grade by the first day of January of the school year for which admission is requested shall also be evaluated for possible early admittance if referred by an educator within the district, a pre-school educator who knows the child, or pediatrician or psychologist who knows the child. Children who will not yet be the proper age for entrance to kindergarten or first grade by the first day of January of the school year for which admission is requested may also be evaluated for possible early admittance at the discretion of the principal of the school to which the student may be admitted.

Kings Local School District

Office of Gifted and Talented Services

~PERMISSION FOR ACCELERATION TESTING FORM~

I grant permission for my child, _____, to be assessed for possible acceleration by designated Kings Local School District personnel using assessment instruments approved by the State of Ohio.

I understand that assessments are required for placement purposes and my child will be given two assessments: One assessment will determine my child's achievement level and will be administered and scored by a Gifted Intervention Specialist. The other assessment will measure my child's general ability (i.e., intelligence or IQ) and will be administered and scored by a school psychologist.

I understand that the assessments listed above will not be the only data source used to determine placement for my child. Other data sources such as maturity, desire for acceleration and past performance will also be taken into consideration.

I understand that an evaluation committee consisting of a principal, gifted coordinator, Gifted Intervention Specialist (GIS), current grade level teacher (or teachers) and a parent will convene to determine the most appropriate learning environment for my child.

I understand that the results of the assessments listed above may be shared with teachers, principals, and other appropriate school personnel.

I understand all of the statements above and give my permission for assessments to be conducted.

I do not give my permission for assessments to be conducted.

Signature

Daytime Telephone

Relationship to child

Date

Please return this signed form to the building principal along with the Acceleration Referral Form.