

# Olmsted Falls City Schools

## Universal Referral Form for Acceleration

**Directions: Complete all pages of the referral form. Completed forms should be returned to the gifted intervention specialist at the student's current school or the gifted coordinator.**

The purpose of this referral is to determine if acceleration is an appropriate placement for the child being considered. Several types of acceleration are possible. Please check the type of acceleration you wish to have considered for the student:

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Whole Grade Acceleration-The student is assigned to a higher grade level than is typical given the student's age on a full-time basis.

\_\_\_\_\_ Individual Subject Acceleration-The student is assigned to a higher grade level an is typical in on or more subject areas.

If applicable, indicate the subject area in which you wish to have the student accelerated:

- \_\_\_\_\_ Math
- \_\_\_\_\_ Science
- \_\_\_\_\_ Reading
- \_\_\_\_\_ Social Studies

\_\_\_\_\_ Early Entrance to Kindergarten/First Grade- The child has not reached the typical age at which students are admitted to kindergarten or first grade.

\_\_\_\_\_ Early High School Graduation- The practice of facilitating completion of the high school program in fewer than four years.

\_\_\_\_\_  
Name of Person Making Referral

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

**Part A: Student Information**

Current School: \_\_\_\_\_

Student Gender: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Proposed Grade/ Subject for Acceleration: \_\_\_\_\_

Current Teacher(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Student's Native Language (if not English so that appropriate tests may be administered):** \_\_\_\_\_

**Part B: Family Information**

Name(s) of legal guardians: \_\_\_\_\_

Father's Name \_\_\_\_\_ Is living with child? \_\_\_\_\_

Address and Phone if different from student:  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Name \_\_\_\_\_ Is living with child? \_\_\_\_\_

Address and Phone if different from student:  
\_\_\_\_\_  
\_\_\_\_\_

**Daytime Phone Number** (if different than home number): \_\_\_\_\_

Siblings:

Name	Gender	Age	Grade	Name of School

# Supporting Referral Information

Please cite specific reasons why you feel that acceleration would be an appropriate placement for this student. Also, comment on how you feel acceleration may affect the student's social/emotional development.

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Additional Comments/information that you wish to share:

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