

## REQUEST FOR ACCERLATION REVIEW

A review of accelerated options for \_\_\_\_\_ is being requested.  
(child's name)

\_\_\_\_\_ This child is currently enrolled in \_\_\_\_\_ grade in the James A. Garfield Local Schools.

\_\_\_\_\_ This child is currently not enrolled as a student in the James A. Garfield Local Schools.

### Acceleration options to be considered:

\_\_\_\_\_ Early Entrance to Kindergarten

\_\_\_\_\_ Early High School Graduation

\_\_\_\_\_ Whole-grade Acceleration

\_\_\_\_\_ Subject Acceleration  
*Please list subject(s)*

\_\_\_\_\_

\_\_\_\_\_

Evaluations for referrals that occur during the school year will normally be completed within sixty (60) calendar days. Evaluations for referrals that occur at the end of a school year or summer will occur either before the end of the school year, if possible, or within fifteen (15) calendar days of the start of the next school year.

An acceleration evaluation committee will be established to determine the appropriate learning environment for the referred student. This committee will be comprised of several members, including a parent/guardian, the building principal, the school psychologist, the gifted intervention specialist, the student.

The acceleration evaluation committee will issue a written decision on the outcome of the evaluation process.

\_\_\_\_\_  
Person making the request

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

By signing this form, I am requesting the building principal to initiate the acceleration review process for my child.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone