

# Crestwood Local Schools Acceleration Referral Form: Whole Grade or Subject

## Request for Acceleration Review

Please check the appropriate boxes as required below. Once the form is completed, please give the request to the building principal or Director of Pupil Services.

This is a request for review of accelerated options for \_\_\_\_\_.

(Child's Name)

- This child is currently a student in grade \_\_\_\_\_ for the \_\_\_\_\_ - \_\_\_\_\_ school year.  
 This child is currently not enrolled as a Crestwood Local Schools student.

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

- Parent/Legal Guardian     Teacher     Administrator     Guidance Counselor     School Psychologist

As required by the Crestwood Local Schools' adopted *Policy for Academic Acceleration*, the following options exist for consideration, as appropriate:

- Subject Acceleration     Grade Acceleration     Early High School Graduation

Board policy indicates changes in a student's schedule will normally occur only at the start of a grading period. Evaluations related to referrals that occur during the school year will ordinarily be completed and a written report issued within forty-five (45) calendar days.

Evaluations related to referrals that occur at the end of a school year or during the summer will be completed and a written report issued either before the end of the school year, if possible, or within forty-five (45) calendar days of the start of the next school year.

In all other cases, evaluations of a referred child shall be scheduled at the 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.

Parents are requested to participate in a conference designed to evaluate the appropriate academic recommendation for their child. A committee comprised of personnel in the following roles will convene to review and compile all pertinent data relative to the acceleration options:

Principal or Designee      Current Teacher      Accelerated Teacher      Parent/Legal Guardian  
Gifted Education Coordinator and Gifted Intervention Specialist      Director of Pupil Services

As board policy indicates, parents will be notified in writing of the outcome of the evaluation process within forty-five (45) calendar days of the submission for referral.

Date of Submission for Referral: \_\_\_\_\_ Date of Child's Birth \_\_\_\_\_

I am requesting the building principal initiate the process for my child to enable accelerated placement.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signature/Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Signature/Coordinator Gifted & Talented: \_\_\_\_\_ Date: \_\_\_\_\_