



GIFTED AND TALENTED EDUCATION

12089 Toll Gate Road, Pickerington, Ohio 43147

Phone: 614-834-6400 Fax: 614 834-6410

Acceleration Referral

| | |
|----------------------|--|
| Student Name | |
| School | |
| Grade | |
| Date Submitted | |
| Parent/Guardian Name | |
| Address | |
| Phone | |
| Email | |
| Referral for | <input type="checkbox"/> Whole Grade Acceleration <input type="checkbox"/> Single Subject Acceleration <input type="checkbox"/> Math <input type="checkbox"/> English Language Arts <input type="checkbox"/> Science <input type="checkbox"/> Social Studies |

Why is this student being referred for acceleration?

Please attach any outside of school testing data that supports this request.

The acceleration process includes IQ testing, achievement testing and the evaluation of developmental and interpersonal factors.

Note: For acceleration to begin at the start of the school year it is suggested this form be submitted 60 days prior to the end of the previous academic school year.

Parent/Guardian Signature: _____ Date: _____
(Parent signature gives the PLSD permission to do all assessments related to this referral)

Signature of Person Initiating Referral: _____ Date: _____
(If other than parent)

Please send to:
Gifted Education Coordinator
12089 Toll Gate Road
Pickerington, OH 43147