



Mississinawa Valley School
10480 Staudt Rd.
Union City, Ohio 45390
937-968-4464

OFFICE USE ONLY

Received by: _____

Date Referral Received: _____

Student Acceleration – REFERRAL/PERMISSION FORM

PART I. GENERAL INFORMATION (To be completed by school)

Student Name _____ Building/Teacher _____

DOB _____ Current Grade _____ Student ID# _____

Parent Name _____ Address _____ Phone _____

ACCELERATION TYPE:

_____ Subject Acceleration
Subject: _____
From Grade _____
To Grade _____
_____ Whole Grade Acceleration

PART II. INDIVIDUAL MAKING REFERRAL

Name _____ Phone _____

_____ Parent _____ Teacher _____ Administrator _____ Other (Specify):

Reason(s) for referral: _____

Signature of Individual Initiating Referral:

PART III. PARENT PERMISSION

Your child has been referred for a possible acceleration. With your permission, the district staff shall evaluate your child for placement. The process will consist of an evaluation committee, (principal, gifted coordinator and/or a gifted staff member, current grade level teacher, teacher at the grade level to which the student may be accelerated, curriculum representative, and the parent), to determine the most appropriate learning environment for the your child. It may also be necessary to do some testing for evaluation purposes. Other data sources, maturity, desire for acceleration and past performance may also be taken into consideration.

I understand that if I grant permission, my child may receive assessment(s) and participate in the acceleration evaluation process. Information obtained by designated school personnel may be shared with teachers, principals, and other appropriate school personnel. I also agree to participate in the evaluation team process.

_____Permission is given to conduct the assessment(s) to consider my child for acceleration.

_____Permission is denied. I do not want my child to be considered for acceleration.

Signature

Date

Relationship to the Student

Please return this form to the school principal as soon as possible.

If you have questions, please contact

Coordinator of Gifted Services at 937-548-4915

Submission of this form will begin the assessment and evaluation process.