



# ACCELERATION REFERRAL FORM

## ABOUT ACCELERATION

In accordance with the belief that all children are entitled to an education commensurate with their particular needs, students who can exceed the grade-level indicators and benchmarks set forth in the standards must be afforded the opportunity and be encouraged to do so. The NOCS Board of Education believes that such students often require access to advanced curriculum in order to realize their potential contribution to themselves and society. For many advanced learners, this can best be achieved by affording them access to curriculum, learning environments, and instructional interventions more commonly provided to older peers.

The state of Ohio requires that all students considered for Acceleration be evaluated for suitability using the Iowa Acceleration Scale (IAS)- 3<sup>rd</sup> edition. This tool requires looking at many aspects of the child beyond academics. It also requires multiple assessments, in some cases, if the child scores at the required score criteria. ***These assessments will likely occur over multiple testing periods over multiple days*** when our staff is available to conduct the required assessments.

**PLEASE NOTE FOR WHOLE GRADE ACCELERATION:** If your child meets any of the following situations, the IAS-3 recommends the child **NOT** be accelerated if:

- The student would be accelerated into the same grade as (or higher grade than) a sibling.
- The student currently has a sibling in the same grade (e.g. multiples).
- The student indicates that he/she does not want to be whole grade accelerated. (This will be determined through direct conversation with the student *prior* to assessment process scheduling.)

## REFERRAL FOR:

Child Name \_\_\_\_\_ Potential School \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Current School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

Current School Address: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Student Gender: ☐ Male ☐ Female Current Grade: \_\_\_\_

## Type of Acceleration Requested:

☐ Whole Grade

☐ Subject Area only (please check area)

☐ Reading ☐ Math ☐ Science ☐ Social Studies

☐ Other: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is parent living with child: ☐ Yes ☐ No ☐ Sometimes

Mother's/Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is parent living with child: ☐ Yes ☐ No ☐ Sometimes

Siblings:

NAME	GENDER	AGE	SCHOOL GRADE	NAME OF SCHOOL

Has the student demonstrated high ability, accelerated performance, and/or talent as compared with age-mates in the following areas? (*Check all that apply*)

☐ Reading ☐ Math ☐ Science ☐ Social Studies ☐ Language Arts ☐

Other \_\_\_\_\_

**Prior Professional Evaluation Services**

Disability	Specify Type	Date of Diagnosis	Special Education Services	Comments (Optional)
<i>Specific Learning:</i> e.g. Written Language, Math, Reading, Nonverbal, other				
<i>Developmental:</i> e.g., Autism, Asperger's Syndrome, PDD-NOS, other				
<i>Other Health Impairment:</i> e.g., ADD, ADHD, other				
<i>Social-Emotional/Psychiatric:</i> e.g., Depression, Bipolar Disorder, Obsessive Compulsive Disorder, Oppositional Defiant Disorder, other				
<i>Physical:</i> e.g., Visual, Hearing, Motor, Traumatic Brain Injury, other				
<i>Not Listed:</i>				

**Children who will benefit from acceleration may not exhibit all of the characteristics listed below; however, strong candidates will exhibit more of these characteristics than other children.**

**What to look for in the areas of ability/achievement/aptitude/behavior?**

*My child seems advanced beyond other children his/her age in these ways: (circle all that apply)*

- ☐ Understands the meanings and use of words better than other children his/her age;
- ☐ Is curious about many things and asks questions often;
- ☐ Is very good at working puzzles or solving problems;
- ☐ Has a great sense of humor and understands jokes more than other children his/her age;
- ☐ Has a good memory and remembers details of conversations or stories;
- ☐ Is interested in difficult concepts such as time and space;
- ☐ Concentrates on certain activities much longer than other children his/her age;
- ☐ Reads (and understands text) in picture books or chapter books;
- ☐ Figures out math-related problems better than other children his/her age.

**What are some important school and academic factors?**

*My child: (circle all that apply)*

- ☐ Enjoys learning new information or skills;
- ☐ Participates in community-sponsored activities such as sports, dance, gymnastics, library and museum programs;
- ☐ Believes he/she is capable of succeeding at new tasks.

**What are some important developmental factors?**

*My child has the following developmental characteristics: (circle all that apply)*

- ☐ He/she has average fine and large motor coordination (i.e., holding a pencil, skipping);
- ☐ He/she is able to use the computer to play games or find information.

**What are some important interpersonal skills for entering school?**

*My child: (circle all that apply)*

- ☐ Thoughtfully considers feedback and criticism and modifies behavior appropriately;
- ☐ Often behaves in a way that is positive and effective;
- ☐ Has good interpersonal skills with age-mates, as well as with both older and younger children and with adults;
- ☐ Has excellent interpersonal relationships with adults in a teaching role.

**Some considerations:**

*My child:*

- ☐ Has one or more older siblings in the grade in which he/she will be placed if admitted by early entrance which may cause social/emotional issues in the family. In which case, acceleration may not be advisable.
- ☐ Often did not want to attend preschool or missed preschool often because of illness or family issues.

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***I believe that my child exhibits a number of the characteristics listed above that indicate he/she might benefit by acceleration within the grades K-12 program. As a parent I understand that a child's success in school depends on support provided at home. I am able to give my child additional support to help in his/her transition to a new setting with much higher academic demands.***

***I have reviewed the considerations and do not feel they would negatively impact my child's success in school.***

***I request evaluation for my child for possible whole grade or subject area acceleration.***

***I give my permission for \_\_\_\_\_ to receive  
(Student's name)  
group and/or individual standardized tests. I understand that I will receive the results of the testing and the information gained from this assessment will be used as an aid in educational decisions related to my early entrance request. I further understand that this information will be treated as confidential; shared only with appropriate educational personnel; and will not be released without my prior consent.***

Parent/Guardian Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ (Student)  
Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The referral request will be processed and parents will receive the final determination for acceleration within 45-60 days from the date the referral is received.

District Representative Receiving Referral \_\_\_\_\_ Date \_\_\_\_\_