



CIRCLEVILLE CITY SCHOOL DISTRICT

Referral for Acceleration

Student Name: _____ DOB: ____/____/____

Classroom Teacher(s): _____ Grade: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Street Address: _____

City: _____ Zip: _____

Parent Email: _____

Referred By (Select One):

Parent Teacher Principal Self Other: _____

Acceleration Requested:

Single Subject Acceleration (School Year: _____)

Select content area(s):

Math Science Reading Social Studies

***Required assessments:** On-grade level, two grade levels above, and IQ

Early Entrance to Kindergarten (School Year: _____)

(Placement must be made before first day of school)

***Required assessments:** One grade level above and IQ

Whole-Grade Acceleration (School Year: _____)

From grade _____ to _____

***Required assessments (all subjects):** On-grade level, two grade levels above, and IQ

Early Graduation (School Year: _____)

Person Initiating Referral

Person Receiving Referral

Date: _____

Date: _____

For more information concerning acceleration, consult Board Policies [po5408](#), [po5464](#), and [po5112](#).