



## **REFERRAL FOR ACCELERATION**

*\*\*This must be accompanied by a gifted testing referral form.*

Candidate for Acceleration \_\_\_\_\_  
Grade \_\_\_\_\_ DOB \_\_\_\_\_ Student ID \_\_\_\_\_ Phone \_\_\_\_\_  
Parents/Guardians \_\_\_\_\_  
School \_\_\_\_\_ Principal \_\_\_\_\_  
Person Initiating Request \_\_\_\_\_ Date of Referral \_\_\_\_\_  
Area(s) of GT Identification: **Year**

- \_\_\_\_\_  **Superior Cognitive**  
\_\_\_\_\_  **Specific Academic**  
           Reading  Math  Science  Social Studies  
\_\_\_\_\_  **Creative Thinking**  
\_\_\_\_\_  **Arts**  Theater  Vocal Music  Instrumental Music  
           Dance  Visual Art

### **Type of Acceleration Being Requested:**

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Individual Subject Acceleration</b> | <input type="checkbox"/> <b>Early Entrance Kindergarten</b>  |
| <input type="checkbox"/> Math                                   |  |
| <input type="checkbox"/> Reading/Language Arts                  | <input type="checkbox"/> <b>Whole Grade Acceleration</b>     |
| <input type="checkbox"/> Science                                | From grade ____ to grade ____                                |
| <input type="checkbox"/> Social Studies                         |  |
| <input type="checkbox"/> Other _____                            | <input type="checkbox"/> <b>Early High School Graduation</b> |

According to the Columbus Board of Education Acceleration Policy, adopted on 9-5-06, the referred student's principal shall convene an evaluation committee to determine the most appropriate and available learning environment for the referred student. This committee shall be comprised of the following:

**Principal or Assistant Principal** \_\_\_\_\_

**Current Teacher of Referred Student** \_\_\_\_\_

**Receiving Teacher** \_\_\_\_\_

**Parent or Legal Guardian** \_\_\_\_\_

**Gifted Education Coordinator** \_\_\_\_\_

or

**Gifted Intervention Specialist** \_\_\_\_\_

**Referrals must be submitted at least 60 days prior to the start of the term when acceleration would take place.**

## **To Be Completed by the Person Initiating Acceleration Request**

**Please address the following questions regarding the decision to accelerate:**

**1. Social-emotional Factors**

Would acceleration be socially and emotionally appropriate? \_\_\_\_\_  
Please explain the effect you believe acceleration will have insofar as the candidate's relating to older peers.

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**2. Academics**

Why do you think this candidate is ready academically to be advanced?

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**3. Former/Current Teacher Input**

What evidence do you have that the candidate's former/current teacher would support this request? (Include a teacher recommendation if at all possible.)  
Include the name of the teacher in your answer.

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**4. Other Factors**

Are there any other factors to be considered in the acceleration of this candidate?

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# To Be Completed by the Building Gifted Coordinator

## Test Scores

It is *recommended* that results of the data collection indicate the following:

- Cognitive ability: 130 or higher IQ  
(115 is the minimum required score in accordance with the Iowa Acceleration Scale.)
- Academic achievement (grade acceleration or early entrance/graduation): performance at the 90<sup>th</sup> percentile on a nationally normed test in reading & math
- Academic achievement (subject acceleration): performance at the 90<sup>th</sup> percentile on a nationally normed test and Advanced on the OST in the subject to be accelerated AND
- Ability to perform at the top 25% of the grade being considered for placement

## Nationally-Normed Standardized Test Scores

Test \_\_\_\_\_ Date of Test \_\_\_\_\_

Results \_\_\_\_\_

Test \_\_\_\_\_ Date of Test \_\_\_\_\_

Results \_\_\_\_\_

## State Academic Achievement Test Scores

Test \_\_\_\_\_ Date of Test \_\_\_\_\_

Results \_\_\_\_\_

Test \_\_\_\_\_ Date of Test \_\_\_\_\_

Results \_\_\_\_\_

**Iowa Acceleration Scale Score** \_\_\_\_\_ **Date of Test** \_\_\_\_\_

## Other (i.e. District subject area tests, grades, attendance, psychological tests, etc.)

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