



Office of
Curriculum, Instruction, and Gifted Services
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REFERRAL FORM: ACADEMIC ACCELERATION

CHILD'S NAME: _____
BUILDING: _____
DATE: _____ **GRADE:** _____
PERSON MAKING REFERRAL: _____

I feel this child should be considered for acceleration in the following area(s) as recognized by the state of Ohio and the policy of the Claymont City Schools Board of Education:

- _____ **Early Entrance to Kindergarten**
- _____ **Early High School Graduation**
- _____ **Whole-Grade Acceleration**
- _____ Suggested grade level of acceleration: _____
- _____ **Individual Subject Acceleration**
- _____ Suggested subject(s) to be considered: _____

I feel this student is a candidate for potential acceleration because: _____

I also want you to know that this child: _____

Signature of person making the Referral: _____

Office Use Only:
Date rec'd: _____ Gifted Coordinator's Signature: _____