



Referral and Permission Form for Acceleration Parkway Local Schools 2016-2017

Student: _____ Date of Birth _____ Grade _____

Is referred for possible accelerating for:

_____ Subject only acceleration – *indicate subject(s)*: _____

_____ Whole grade acceleration

State reasons: _____

Signature of Person Initiating Referral *Position/Relationship to Child* *Phone* *Date*

I/we, _____, hereby give permission to Parkway Local Schools to collect
Print Parent/Guardian Name

Data regarding _____ for consideration for possible acceleration.

Print student's name

In giving permission, I/we understand that any or all of the following may occur:

- Review of relevant records;
- Interviews with the student, teacher(s) and parents/guardians;
- Observations of the child and/or behavior checklists;
- Assessments (e.g. ability tests, achievement tests, aptitude tests, subject-specific assessments);
- Other (please specify) _____

I/we understand and agree that the information collected by the school district will then be reviewed by an Acceleration Evaluation Team and the team will complete an Acceleration Evaluation Summary report. As the parent/guardian, I/we will be a member of the Acceleration Evaluation Team and involved in any acceleration recommendations or decisions.

Signature of Parent/Guardian *Date*

I do NOT give permission for the Acceleration Evaluation.

Signature of Parent/Guardian *Date*

Please return this form to your child's school principal.
The principal will forward it to the District Gifted Coordinator.