

Acceleration Referral Form Carlisle Local Schools

Student _____ DOB _____

Current Grade _____ Teacher _____

Person Making Referral _____

Date of Referral _____ Submitted to _____

Anticipated Date of Acceleration _____

_____ Whole Grade Acceleration

Or

_____ Subject Acceleration, list subject(s) _____

Give brief statement noting the reason for this request.

To be completed by principal, psychologist, or gifted specialist.

Summary of most recent test data: Please give name of test, date, and scores available.

Cognitive	Standard Achievement	Ohio Achievement

Please forward completed form to gifted coordinator. Date received _____

Acceleration Evaluation Committee Meeting Documentation

Student _____

The following committee has been formed to evaluate the above named student:

Position	Name	In Attendance? Please Initial.
Principal (or designee)		
School Psychologist		
Current Teacher		
Receiving Grade Level Teacher		
Parent(s) or Guardian(s)		
Gifted Education Specialist		

Meeting Date _____

Summary of Meeting:

Action Plan:
