



## Referral for Consideration of Accelerative Options

I would like to refer \_\_\_\_\_ student,  
student first and last name

for consideration for accelerative options. I realize that a wide variety of accelerative options exist for students, including, but not limited to, grade-acceleration, subject-acceleration, Early Entrance to Kindergarten, and Early High School Graduation

**This referral does not automatically mean that an acceleration will occur, but rather that the data collection process will begin.**

Please complete the following:

Student's current grade level: \_\_\_\_\_

Student's current school: \_\_\_\_\_

Student's current classroom teacher: \_\_\_\_\_

As the person completing this form, I am:

(check one)

- the student's parent/guardian
- the student's classroom teacher
- the student's Gifted Specialist
- the student's administrator
- a CH\_UH counselor
- a CH-UH administrator
- the student named above

My signature below officially indicates that I am referring the named student for consideration for accelerative options.

\_\_\_\_\_  
(signature of person making referral)

\_\_\_\_\_  
(date signed)

**Please return the completed form to Toia Robinson Coordinator of Gifted/Arts, at the CH-UH Board of Education (2155 Miramar Boulevard, University Heights, OH 44118)**