Referral for Consideration of Accelerative Options

I would like to refer _____________________________ student,
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)