

Champion Local Schools
Acceleration
Referral & Permission Form

Student: _____ School: _____ Grade: _____

Is referred for acceleration in the following area(s):

	Reason
<input type="checkbox"/> Whole-grade acceleration	_____
<input type="checkbox"/> Individual subject acceleration	_____
<input type="checkbox"/> Mathematics	_____
<input type="checkbox"/> Reading	_____
<input type="checkbox"/> Social Studies	_____
<input type="checkbox"/> Science	_____
<input type="checkbox"/> Early high school graduation	_____

 Signature of Person Initiating Referral Position or Relationship to Child Date

I understand that if I grant permission, my child will be evaluated and assessed by designated school personnel. The information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of the results of this assessment.

Please be aware that evaluation and assessment does not necessarily accelerate your child.

- Permission is given to conduct the assessment(s)
- Permission for further assessment is denied

 Signature of Parent/Guardian Phone Date

PLEASE RETURN TO THE BUILDING PRINCIPAL