Acceleration Referral Form GI-I

Spencerville Local Schools

Joel Hatfield, Superintendent 600 School St. Spencerville, OH 45887

High School Office: 419-647-4111 Middle School Office: 419-647-4112 Primary School Office: 419-647-4113

Request for Acceleration Review

Please check the appropriate box on	the left.		
Dennis Fuge, SpencervScott Gephart, Spence	•		
This is a request for review of	accelerated options for	(Child's Name)	
	a student in grade f not a student at Spencerville.		school year.
Person making the request: Parent/Legal Guardian Guidance Counselor			Sifted Education Specialist
As required by Spencerville's appropriate: Early Entrance to Kindergart			options exist for consideration as
• •			rior to the start of the school year laced in the accelerated placement
Children who are referred for semester shall be evaluated for	•	•	prior to the start of the second nd semester.
	the time recommended by tl		principal's discretion and placed in on committee — if the committee
As board policy indicates, pare days of the submission for refe		of the outcome of the e	evaluation process within forty-five
Date of Submission for Referra	ıl:		
·	prised of personnel in the follo		iate academic recommendation for to review and compile all pertinent
⊠ Principal or Designee	☐ Current Teacher	☐ Accelerated Teacher	Parent/Legal Guardian
☐ Gifted Education Coordinator	☐ Gifted Intervention Specialist	☐Guidance Counselor	□School Psychologist
I am requesting the building pr	incipal initiate the process for	my child to enable acceler	rated placement.
Signature of Parent:		Date:	
Original in Student's Permanent File, Copi		oordinator	