



**Rootstown Local Schools**  
Acceleration Referral Form

**Student:** \_\_\_\_\_

**School:** \_\_\_\_\_

Is referred for consideration of Acceleration:

1. Birth Date: \_\_\_\_\_ (Month/Day/Year)

Current Grade Level: \_\_\_\_\_

2. Type of Acceleration: (Check all that apply )

\_\_\_\_\_ **Whole Grade Acceleration**

\_\_\_\_\_ **Subject Acceleration**

Grade \_\_\_\_\_ to Grade \_\_\_\_\_

Grade \_\_\_\_\_ to Grade \_\_\_\_\_

- \_\_ Language Arts
- \_\_ Math
- \_\_ Social Studies
- \_\_ Science

3. Relationship of the Referring Individual to the Child: (Check all that apply)

- a. District Educator \_\_\_\_\_
- b. Pre-School Teacher \_\_\_\_\_
- c. Pediatrician \_\_\_\_\_
- d. Psychologist \_\_\_\_\_
- e. Parent \_\_\_\_\_

The individual initiating the referral should provide a written narrative in support of the referral:

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\_\_\_\_\_  
(Signature of Referrer)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date)

Parent Signature: \_\_\_\_\_

Date Submitted to Terri Hrina-Treharn, Assistant Superintendent: \_\_\_\_\_ (Internal use only)

*(Adapted from ODE, April 2018)*