



Office of  
Curriculum, Instruction, and Gifted Services  
(740) 922-5478 Ext. 12012  
[jmiles@claymontschools.org](mailto:jmiles@claymontschools.org)

**REFERRAL FORM: ACADEMIC ACCELERATION**

**CHILD'S NAME:** \_\_\_\_\_

**BUILDING:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**PERSON MAKING REFERRAL:** \_\_\_\_\_

**I feel this child should be considered for acceleration in the following area(s) as recognized by the state of Ohio and the policy of the Claymont City Schools Board of Education:**

\_\_\_\_\_ **Early Entrance to Kindergarten**

\_\_\_\_\_ **Early High School Graduation**

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

\_\_\_\_\_ Suggested grade level of acceleration: \_\_\_\_\_

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

\_\_\_\_\_ Suggested subject(s) to be considered: \_\_\_\_\_

I feel this student is a candidate for potential acceleration because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I also want you to know that this child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of person making the Referral: \_\_\_\_\_

**Office Use Only:**

Date rec'd: \_\_\_\_\_ Gifted Coordinator's Signature: \_\_\_\_\_