

Coshocton City Schools Acceleration Policy

REQUEST FOR CONSIDERATION OF ACCELERATION

Coshocton City Schools believes that all children are entitled to an education commensurate with their specific learning needs. Therefore, students whose academic performance exceeds their current grade level indicators and benchmarks set forth in Ohio's Academic Content Standards shall be afforded the opportunity to engage in advanced coursework.

TYPE OF ACCELERATION: _____ EARLY GRADUATION (YEAR) _____
_____ WHOLE GRADE (From – To) _____
_____ SUBJECT/CONTENT (Specify) _____

STUDENT INFORMATION

NAME: _____ GENDER _____ AGE _____ GRADE _____

BUILDING _____

DATE OF BIRTH _____

PARENT/GUARDIAN NAME(S) _____

ADDRESS _____

DAYTIME PHONE _____ EVENING PHONE _____

CELL _____ E-mail _____

PERSON MAKING THE REFERRAL _____

RELATIONSHIP TO STUDENT _____

PLEASE PROVIDE REASONS FOR THE ACCELERATION REQUEST:

PARENT SIGNATURE: _____

(Permission to administer additional assessments if necessary)

DATE SUBMITTED TO BUILDING PRINCIPAL OR DESIGNEE _____

CC: Gifted Coordinator
Gifted Intervention Specialist
Classroom Teacher(s)