



New Bremen Local Schools

Student Centered Learning...Making the Excellent Extraordinary

Superintendent's Office
901 E. Monroe St.
New Bremen, OH 45869
419-629-8606
419-629-2973
Fax: 419-629-0115

ACADEMIC ACCELERATION REFERRAL FORM

Student's Name _____

Grade _____

School _____

Date _____

Type of Acceleration to be Considered:

Subject or Subjects (specify):

Whole Grade: from grade _____ to grade _____

Early Entrance to Kindergarten

Early Graduation

- Explain why you are referring this student for acceleration or early entrance to kindergarten. Include any evidence you may have to indicate that he/she will be successful in an accelerated placement:

Signature of Person Initiating Referral

Position of Relationship to Child

My child may be evaluated by designated New Bremen Local Schools' personnel using assessment instruments approved by the State of Ohio. Within thirty (30) days of completion of assessment, I will be informed of whether or not my child qualifies, according to the State of Ohio criteria for gifted identification.

I give permission for assessment(s) to be conducted.

I do not give permission for assessment(s) to be conducted.

Parent Signature

Daytime Telephone Number

Return this completed form to the child's principal. If permission is granted to evaluate the child for acceleration, an acceleration committee will determine the most appropriate available learning environment for the referred student and will issue a decision to the Principal and to the student's parent or legal guardian within forty-five days of the referral.