

Copies: Student/Building File
Student Assessment File

Cloverleaf Local Schools'
Acceleration Referral Form

Student Name: _____ Student ID #: _____

Grade: _____ School: _____ Date of Birth: _____

Type of Acceleration:

Documented Evidence – Test Scores

Early admission to Kindergarten

Individual Subject Area:

Mathematics

Science

Reading

Writing

Social Studies

Visual Arts

Performing Arts

Higher Grade Level than
same-age peers

Early Graduation from High School

Multicultural / Diversity Needs Related to Identification:

Race (Select one)

(Select if Applicable)

White

Low Socio-economic Status

Black/African American

Limited English Proficiency

Asian/Pacific Islander

Children with Disabilities

Hispanic/Latino

Native American

Multiracial

Other

Relationship to Child: (Select one)

Teacher Administrator Guidance Counselor School Psychologist Parent/Guardian Self Peer

Other _____

Signature of Person Initiating Referral

Date

Signature of Person Receiving Referral

Date

NOTE: A parent may request assessment through any verbal or written means to the building administrator.

PLEASE RETURN TO BUILDING ADMINISTRATOR

REFERRAL DEADLINES: 60 days prior to 1st Semester; 60 days prior to 2nd Semester

CLS Accelerated Procedures; 2/2009