



Madison Local Schools
Office of Gifted Education
441 Reed Road
Mansfield, Ohio 44903
(419) 589-6517
nstamp@madisonrams.net

REFERRAL AND PERMISSION FOR ACCELERATION EVALUATION

Student Name: _____ Date of Birth: _____
District: _____ Grade: _____ Homeroom: _____ Building: _____
Parent/Guardian Name: _____ Phone: _____
Parent/Guardian Email (print VERY clearly): _____
Address: _____

(include city & zip code)

Student data will be evaluated for acceleration using a pre-determined process. Placement decisions will be made by an acceleration committee. The student may be given any assessment from the Ohio Department of Education's list of approved instruments for gifted identification. Results will be shared with the parent and appropriate school personnel.

Mark the type of Acceleration Referral:

SINGLE-SUBJECT ACCELERATION in the area of ... MATH SCIENCE READING SOC.STUD. OTHER
Name of Potential Course: _____

WHOLE-GRADE ACCELERATION (if approved, the student would skip an entire grade)

1. I request that my child be evaluated for acceleration. I give permission for my child to be tested by a gifted coordinator. I understand that prior testing results may also be reviewed.
2. I understand that my child may be tested on any business-day within 45 days after the referral is received by the gifted coordinator. In addition, the gifted coordinator will provide results within the same 45 days.
3. I understand that these testing results will be evaluated for potential acceleration according to my district's policies and procedures. A parent referral does not **guarantee** my child a position in accelerated placement.
4. I understand that I may appeal the final placement decision, but must do so in writing, submitted to my District's superintendent, within 30 days of the acceleration results letter.
5. Please indicate below if your child receives special services and already has a **formal** document outlining testing accommodations: IEP 504 ESL NONE *Attach documentation if available.

Signature _____

Relationship to Child _____

Date _____

If you have any questions, please contact the Madison Gifted Coordinator by email or phone.

Nathan Stump
nstamp@madisonrams.net
(419) 589-6517

enter

(08)

Equal access will be available to all students for screening, further assessment, identification, and placement in eligible services, including minority or disadvantaged students, students with disabilities, and students for whom English is a second language.

To be Completed by Gifted Coordinator

Date Received: _____

Previous Area/s of Identification: SC MTH SCI R SS CT VPA NONE

Coordinator Initials: _____