



Groveport Madison Schools
Gifted Education
4400 Marketing Place, Suite B
Groveport, OH 43125
(phone) 614-492-2520

Referral for Academic Acceleration

(Please keep these two pages stapled together and return once both pages are complete)

*To be completed by individual referring the student

Student Name: _____ Date of Birth _____ Student ID _____

Current Grade Level _____ Current School _____ Next School _____

Current Teacher _____ Current GIS/ Coordinator _____

Legal Guardian _____ Phone _____

Address _____

This student is referred for possible acceleration in the following areas:

- Whole Grade
- Single Subject

If Single Subject:

- Mathematics
- Language/Reading
- Science
- Social Studies/History

Please relate how this student exhibits a need for acceleration, which goes beyond the modified curriculum provided in the regular classroom or gifted class. Please attach sample work or specific examples that demonstrate the student is working above grade level at this time.

Is there any other pertinent information not described above?

Is this student identified as gifted in any area? _____ List Areas: _____

Signature of Person Making Referral _____ Position or relationship to child _____

Signature of Person Receiving Referral _____ Position _____

Date Received _____

Building Administrator Signature _____



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Permission for Screening for Academic Acceleration

To the Parents/Guardian of _____

Parent/Guardian _____ Phone _____

School _____ Next School _____ Grade _____

Referred By _____ Position/Relation _____ Phone _____

By now you are probably aware that your child has been referred as a potential candidate for academic acceleration in Groveport Madison Local Schools.

This referral includes the following areas:

- Whole Grade
- Single Subject

If Single Subject

- Mathematics
- Language/Reading
- Science
- Social Studies/History
- Foreign Language

During the referral screening process, we may need to complete further testing in order to gain a clear understanding of your child's abilities. This may include an above-grade level test in a specific academic area such as math, science, social studies or reading, depending on the type of referral. If your child has no recent standardized test data, an on-grade level test and/or a cognitive abilities test may also be necessary.

We will not begin your child's acceleration screening process without your written permission. If this is something you would like to pursue further, please sign below. If you have any questions, please do not hesitate to call the person referring your child, if that is not you. If you are the person referring your own child, you may address your questions to your child's teacher, or to the name given below.

Dr. Jana Alig, Director of Teaching & Learning
jana.alig@gocruisers.org

____ Yes, I grant permission for my child _____ to be screened to determine acceleration readiness.

____ No, I do not grant permission for my child _____ to be screened to determine acceleration readiness.

Parent/ Guardian Signature _____ Date _____