



HUDSON CITY SCHOOLS

ACCELERATION REFERRAL FORM

Student _____ School _____ Grade _____

Referral is for Acceleration in the Following Area(s):

<input type="checkbox"/>	Whole-grade acceleration
<input type="checkbox"/>	Individual subject acceleration
<input type="checkbox"/>	Mathematics
<input type="checkbox"/>	Reading
<input type="checkbox"/>	Social Studies
<input type="checkbox"/>	Science
<input type="checkbox"/>	Early high school graduation

Referral forms should be submitted to: Derek Hatcher, Gifted Services Coordinator Email: HatcherD@hudson.k12.oh.us Phone : 330-653-1329 Fax : 330-653-1368

Reasons

_____ Signature of Person Initiating Referral	_____ Position or Relationship to Child	_____ Date
--	--	---------------

By signing below, I am granting permission for my child to be assessed by designated school personnel. The information may be shared with teachers, principals, and other appropriate school personnel. I understand that I will be informed of assessment results and included in the acceleration team meetings to discuss acceleration options.

_____ Signature of Parent/Guardian	_____ Date
---------------------------------------	---------------