

Ohio Conference Office of Education

**ACCELERATION REQUEST**  
**(Due in Conference by March 15)**

Student Name \_\_\_\_\_ Present Age (year) \_\_\_\_\_ (month) \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age when entered kindergarten (year) \_\_\_\_\_ (month) \_\_\_\_\_  
Present Grade Placement \_\_\_\_\_

1. Reason for acceleration:
  
  
  
  
  
  
  
  
  
  
2. Attach copy of most recent ITBS results. (A student is expected to have 90<sup>th</sup> percentile or above in each area.)
  
  
  
  
  
  
  
  
  
  
3. Teacher's evaluation of daily work, tests, etc.:
  
  
  
  
  
  
  
  
  
  
4. Teacher's evaluation of present social and emotional development:
  
  
  
  
  
  
  
  
  
  
5. Survey of past history in school:

6. Teacher's evaluation of physical development:

7. Report of communication with parents (include dates, parents' reactions, etc.):

8. Recommendation of teacher:

9. Brief summary of suggested acceleration program:

Teacher's Signature \_\_\_\_\_ Principal's Signature \_\_\_\_\_

*We have discussed our child's achievements with the classroom teacher and understand that this is not to be interpreted as "skipping a grade," for all levels of academic work are to be covered. We will look favorably upon the school placing our child in an accelerated program, depending on the decision of the Ohio Conference Office of Education and the school leadership.*

Parent's Signature \_\_\_\_\_

\_\_\_\_\_

Education Committee Action

Approved

Denied

Signed \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_