



**BRECKSVILLE-BROADVIEW HTS.  
CITY SCHOOL DISTRICT**

*"where fine education is a heritage"*

**Academic Acceleration Referral Form & Permission for Evaluation**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Review requested for (check all that apply):

Acceleration in subject area..... Reading  Math  Science  
(\*NOTE: Science testing is only administered to students entering Grade 6 or above)

Whole grade acceleration (grade-skipping).....From: \_\_\_\_\_ To: \_\_\_\_\_

Early entrance to kindergarten

I believe my child should be screened for the following reasons (strengths, interests, academic performance etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your permission to evaluate the designated child for the consideration of academic acceleration is necessary to complete the assessment process. If you have questions, please contact Dr. Pat Rehm, Coordinator of Gifted Education at 440-740-4125. I understand that if I grant permission, my child will receive assessment(s) by designated school personnel and that the information may be shared with teachers, administrators, and other appropriate school personnel. I will be informed of the results. Please return this form to the Education Center, Attn: Jodi Hetman, 6638 Mill Road, Brecksville, Ohio 44141.

Parent/Guardian Signature

Date

Copies to: Student File/Principal and Coordinator of Gifted Education

Date Received: \_\_\_\_\_