

Crestview Local School District  
44100 Crestview Road, Suite A  
Columbiana, OH 44408

John Dilling  
Superintendent

Phone: 330-482-5526  
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**REFERRAL FORM FOR POSSIBLE ACADEMIC ACCELERATION**

Name of Student \_\_\_\_\_

School/Building \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ (Month/Day/Year)

Current Grade Level: \_\_\_\_\_

Type of Acceleration Requested: (Check all that apply)

- \_\_\_\_\_ Early Entrance to Kindergarten
- \_\_\_\_\_ Whole Grade (from \_\_\_\_\_ to \_\_\_\_\_)
- \_\_\_\_\_ Subject (specify) \_\_\_\_\_
- \_\_\_\_\_ Early Graduation

Relationship of the Referring Individual to the Child: (Check all that apply)

- \_\_\_\_\_ District Educator
- \_\_\_\_\_ Pre-School Teacher
- \_\_\_\_\_ Pediatrician
- \_\_\_\_\_ Psychologist
- \_\_\_\_\_ Parent

Written narrative in support of the referral by Referrer:

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

\_\_\_\_\_  
(Signature of Referrer)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date)

Parent Signature: \_\_\_\_\_

(Permission to administer assessments)

\_\_\_\_\_  
(Date)

Received by: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Date)

Copies Sent to:

\_\_\_\_\_ Gifted Coordinator

\_\_\_\_\_ Building Principal

\_\_\_\_\_ EMIS Coordinator