

“Tiffin City Schools

Our Vision: Great Schools! Great Students! Great Future!

Educational Options: Application Form

- Subject Area Acceleration, specific subject request _____
- Whole-Grade Acceleration, from _____ to _____
- Early Admission to Kindergarten

Name _____ Grade _____ Date _____

Address _____ Phone _____

Parent/Guardian Name(s) _____

Upon receipt of this application, an acceleration committee will be formed, comprised of the gifted supervisor, school counselor, parent, and student. When possible and applicable, the current teacher and receiving teacher, school psychologist, and school principal(s) are included in the committee. In order to make a recommendation, the committee will study assessment results and gather information imperative to success in accelerations as described by the District Acceleration Guidelines.

Educational Options: Permission for Assessment

- I give permission for my child, _____, to participate in the assessment procedures for the purpose of academic acceleration.
- I do not give permission for assessment.

I understand that by granting permission, my child may receive assessment(s) by designated school personnel and that the information will be used by the Acceleration Evaluation Committee to determine whether or not my child will be recommended for the requested accelerated educational option.

Parent/Guardian Signature(s) _____ date _____

TO INITIATE ACCELERATION REQUEST, RETURN COMPLETED FORM
TO PRINCIPAL, GUIDANCE COUNSELOR OR GIFTED SUPERVISOR.