



Fairfield Union Local School District

Gifted Acceleration - Permission for Assessment

Fairfield Union Local School District provides opportunities for advanced students to be accelerated. Academic acceleration is a formal process of a student skipping a grade level in either one subject area or all subject areas. This includes whole grade acceleration, subject acceleration, early entrance to Kindergarten or First Grade, and early graduation. The acceleration process involves cognitive and above grade-level achievement testing and review of academic, developmental, and social-emotional data by a designated acceleration committee. The committee uses this information to inform their decision to accelerate or not to accelerate the student. Acceleration is an option for any student who demonstrates readiness and whose needs cannot be met within available grade level options.

According to Ohio Administrative Code 3301-51-15 and Ohio Revised Code 3324.01-.07, assessments are required for acceleration purposes, and no assessment will be given without your written permission. Please read the following information and return this form to the **Building Principal** as soon as possible. For more information on the acceleration process, please contact Eydie Schilling, Gifted Coordinator, at (740)536-7384 or eydieschilling@fairfieldunion.org.

I understand that by granting permission, my child may be assessed by designated personnel and the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed whether or not my child qualifies, according to the State of Ohio criteria, for gifted identification.

☐ Permission is given for assessment

☐ Permission is denied

I am interested in the following type of acceleration:

☐ Subject Acceleration in the following area(s): _____

☐ Whole Grade Level Acceleration

Please print the following information:

Student Name _____

DOB: ____/____/____

School: _____

Current Grade: _____

Parent/Guardian Name (print): _____

Parent/Guardian Contact Address: _____

Parent/Guardian Contact Phone: _____

Signature of Parent/Guardian

Date