Springboro Community City Schools

Academic Acceleration Overview

Springboro Community City Schools believe that all children learn and experience success given time and opportunity, but the degree to which academic content standards are met and the time it takes to reach the standards will vary from student to student. For advanced learners this may be achieved by affording them access to curriculum, learning environments, and instructional interventions more commonly provided to older students.

Children may be referred on an ongoing basis, through any of the following:
- Child request (self-referral) or child referral of peer
- Teacher recommendation or parent/guardian request
- Other (e.g., psychologist, community members, principal, gifted coordinator, etc.)

Referrals will be accepted throughout the year for academic acceleration. Referral forms are available on Springboro Community City Schools' website and in each school office.

Upon receipt of a referral, Springboro Community City Schools will obtain parental permission (if parent is not referring) for assessment. The district will convene an acceleration committee including appropriate district personnel, parent(s), and possibly the student to review assessment data and other factors to determine if acceleration is warranted. In the case of whole grade acceleration, the Iowa Acceleration Scale will be utilized for gathering and analyzing data.

Academic Acceleration Referral Directions

Complete basic information section starting with student name and ending with relationship to student. Select the areas for possible academic acceleration and list your reasons. Consider the following as you construct your reasons:

- Uses and understands words or concepts better than other children of his/her age.
- Is curious about subject area(s) and asks questions often.
- Uses knowledge to solve open ended problems not just find basic facts/answers.
- Is interested in and explores difficult concepts.
- Concentrates on activities/projects much longer than other children his/her age.
- Enjoys learning new information skills.
- Considers feedback and criticism and modifies behavior appropriately.
- Has good interpersonal skills with age-mates as well as with both older and younger children and with adults.

Complete the questions about the child's academic experiences.

Please send completed forms for grades K- 5 to:	Please send completed forms for grades 6-12 to:
Lori Dreyer, Gifted Liaison Five Points Elementary 650 E. Lytle Five Points Rd., Centerville, OH 45458 or ldreyer@springboro.org	Beth Holtrey, Gifted Liaison Springboro Junior High School 1605 S. Main St., Springboro, OH 45066 or bholtrey@springboro.org

For more information about academic acceleration, visit:

http://education.ohio.gov/Topics/Other-Resources/Gifted-Education/Resources-for-Parents/Academic-Acceleration-for-Advanced-Learners

http://www.nagc.org/resources-publications/gifted-education-practices/acceleration

http://www.accelerationinstitute.org/nation_deceived/nd_v1.pdf

http://www.davidsongifted.org/db/Articles_id_10100.aspx

http://www.hoagiesgifted.org/acceleration.htm

Referral for Academic Acceleration
Permission for Assessment

Student Name _____ DOB _____

School _____ Grade _____

Address _____

            Street Address   City   State   Zip Code

Contact Info _____

            Home Phone   Cell Phone   Email Address

Person Referring _____ Relationship to Student _____

Area(s) to Accelerate:
- ❏ Whole Grade   Reasons:_____

                                               _____
- ❏ Reading   _____

                                               _____
- ❏ Math   _____

                                               _____
- ❏ Science   _____

                                               _____
- ❏ Social Studies   _____

                                               _____

Has the child participated in any of the following? (Check all that apply.)
- ❏ Participates/participated in gifted education program(s). If yes, type of program(s): ____
_____
- ❏ Accelerated in one or more subjects at a previous grade level. If yes, grade level and subject(s): _____
- ❏ Skipped an entire grade level. If yes, grade level: _____
- ❏ Entered kindergarten or first grade early?
- ❏ Participates/participated in enrichment/acceleration class or activity outside of the school day. If yes, list classes and years of participation:_____
_____

A parent/guardian's signature on this form grants permission for the gifted department to assess the student and review student records.

_____   _____
                  parent/guardian signature   date