



Parent Referral Form
Acceleration Assessment Request

Student Name _____ Grade Level _____

Parent Name _____

St Bernard Elmwood City Schools provide the opportunity for parents/staff to request testing for identification of grade level acceleration abilities for all students. Please indicate below the areas(s) you wish to have assessed.

I request that my child be assessed in the area(s) of :

- Whole Grade Acceleration
- Individual Subject Acceleration _____Math _____Reading _____Language Arts
 _____Science _____Social Studies
- Early Admission to Kindergarten
- Early High School Graduation

By Signing below, you are giving consent for your child to receive testing in the area(s) indicated above.

Parent/Guardian

Date