The Noble Local School District has adopted the state model acceleration policy. Copies of the policy and referral forms are available in the Administrative Office and the elementary, middle school, and high school offices.

Based on this policy students may be referred by a parent/guardian, teacher, administrator, gifted education specialist, guidance counselor, school psychologist, or self/peer through a district staff member for consideration for possible acceleration placement for:

- Early entrance to kindergarten
- Single subject acceleration
- Whole grade acceleration
- Early graduation

Upon receipt of written permission for assessment from the parent/guardian the student will be evaluated for possible accelerated placement. The principal or designee will convene an evaluation committee comprised of a building administrator, current grade level teacher, teacher at the accelerated grade level, parent/guardian, gifted personnel and/or guidance counselor or school psychologist as appropriate. The committee will evaluate the student using a variety of data sources, student level or maturity, and student desire to be accelerated. Upon completion of the evaluation process the committee will make a written recommendation to the principal and student’s parent/legal guardian.

<table>
<thead>
<tr>
<th>Student Name ____________________________</th>
<th>School/Grade __________________________</th>
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Is being referred for possible accelerated placement for:

- Early entrance to kindergarten
- Single subject acceleration:
  - ___ Reading
  - ___ Mathematics
  - ___ Science
  - ___ Social Studies
  - ___ Other
- Whole grade acceleration
- Early graduation

Reason for referral ____________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

____________________________________ __________________________ ______
Signature of person initiating referral   Relationship to Child   Date

____________________________________ __________________________ ______
Signature of person receiving referral   Position          Date