



# Academic Acceleration



621 Mount Vernon Rd, Newark, OH 43055 | 740-670-7053 | Fax: 740-670-7052

## Academic Acceleration Resources for Families

Hyperlinks and complete web address have been provided.

### Legislation

- [Section 3324.10 | Model student acceleration policy](https://codes.ohio.gov/ohio-revised-code/section-3324.10)— <https://codes.ohio.gov/ohio-revised-code/section-3324.10>

### Board Policies

- [Board Policy 5408: Academic Acceleration](http://go.boarddocs.com/oh/newark/Board.nsf/goto?open&id=AZGA8W6E88C8)— <http://go.boarddocs.com/oh/newark/Board.nsf/goto?open&id=AZGA8W6E88C8>
- [Board Policy 5410: Promotion, Acceleration, Placement, and Retention](https://go.boarddocs.com/oh/newark/Board.nsf/goto?open&id=AZGA8W6E88C8#)— <https://go.boarddocs.com/oh/newark/Board.nsf/goto?open&id=AZGA8W6E88C8#>

### Ohio Department of Education | Academic Acceleration

- [Ohio's Model Student Acceleration Policy for Advanced Learners](https://education.ohio.gov/getattachment/Topics/Other-Resources/Gifted-Education/Resources-for-Parents/Policies-for-Academic-Acceleration/Ohio-Model-Acceleration-Policy-for-Advanced-Learners.pdf.aspx?lang=en-US)— <https://education.ohio.gov/getattachment/Topics/Other-Resources/Gifted-Education/Resources-for-Parents/Policies-for-Academic-Acceleration/Ohio-Model-Acceleration-Policy-for-Advanced-Learners.pdf.aspx?lang=en-US>
- [ODE Acceleration Policy FAQ](https://education.ohio.gov/getattachment/Topics/Other-Resources/Gifted-Education/Resources-for-Parents/Policies-for-Academic-Acceleration/Acceleration-Policy-FAQ.pdf.aspx?lang=en-US)— <https://education.ohio.gov/getattachment/Topics/Other-Resources/Gifted-Education/Resources-for-Parents/Policies-for-Academic-Acceleration/Acceleration-Policy-FAQ.pdf.aspx?lang=en-US>
- [Pathways to Acceleration](https://education.ohio.gov/getattachment/Topics/Other-Resources/Gifted-Education/Resources-for-Parents/Policies-for-Academic-Acceleration/Pathways-to-Acceleration-Power-Point.pdf.aspx?lang=en-US)—<https://education.ohio.gov/getattachment/Topics/Other-Resources/Gifted-Education/Resources-for-Parents/Policies-for-Academic-Acceleration/Pathways-to-Acceleration-Power-Point.pdf.aspx?lang=en-US>

**Academic Acceleration**  
**Procedures for Acceleration Consideration**

1. Academic Acceleration Application packets are available on the District website or by submitting a written request to:

Cathy Allen, Gifted Coordinator  
Newark City Schools  
621 Mount Vernon Rd.  
Newark, OH 43055  
Email: [callen@newarkschools.us](mailto:callen@newarkschools.us)  
FAX: 740-670-7052
2. Parent/guardian will complete the Academic Acceleration Application packet and return to the Building Principal.
3. Upon receipt of the completed application packet, the Gifted Coordinator will schedule the evaluations of the student. The evaluations will include the following:
  - Cognitive Assessment
  - Academic Achievement Assessments
  - Iowa Acceleration Scale
4. If the student meets the minimum testing outcomes outlined in the *Iowa Acceleration Scale*, the Gifted Coordinator will schedule a meeting for the Acceleration Evaluation Committee to discuss the results, complete the *Iowa Acceleration Scale*, and make recommendations for or deny academic acceleration.
5. Final placement requires a consensus of the Acceleration Evaluation Committee. If consensus cannot be met, placement will be determined by a majority vote of the Committee.
6. A written summary of the of the evaluation and decision will be provided to parent/guardian after the Acceleration Evaluation Committee meeting.
7. If academic acceleration is denied, a parent/guardian of the student may appeal the decision of the Acceleration Evaluation Committee to the Superintendent within 30 days of the Committee's decision. The Superintendent shall review the appeal and notify the parent/guardian of his/her final decision within 30 days of receiving the appeal. The Superintendent's decision shall be final.
8. Students qualifying for Academic Acceleration will be placed on a Written Acceleration Plan (WAP) and given a transition period at the beginning of the school year where student will be carefully observed by teacher. Following the transition period, a conference will be scheduled with the parent to review student's progress and determine if early entrance will be finalized.

**Academic Acceleration**  
**Referral for Acceleration Evaluation**

Please complete this referral form if you feel that your child demonstrates academic achievement, social, emotional, and physical maturity appropriate for academic acceleration.

**REFERRAL FOR:**

**Student's Name** \_\_\_\_\_  
Last First Middle Initial

**School** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Custodial Parent(s)/Guardian(s) Name** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Cell #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Check the area for which this student is being referred for Academic Acceleration :**

\_\_\_\_\_ Whole Grade Acceleration or Early Graduation

\_\_\_\_\_ Single Subject Acceleration (*specify*)

- Mathematics     Science     Reading     Social Studies

**Explain why you are referring this student for testing in this area.**

**Be as specific as possible.** (*Use additional paper, if needed*)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Academic Acceleration**  
**Permission for Acceleration Assessment**

In order to evaluate the appropriateness of academic acceleration, I give permission for Newark City Schools to administer one or more of the following assessments to my child, \_\_\_\_\_:

Child's Name

Cognitive Abilities Test (CogAT)  
 Weschler Intelligence Scale for Children  
 Woodcock Johnson Test of Abilities and/or Achievement  
 Naglieri Nonverbal Ability Test, 3rd Edition (NNAT/3)  
 InView Cognitive Abilities Assessment  
 Iowa Assessments  
 TerraNova 3 Achievement Test, 3rd Edition  
 Scales for Rating the Behavioral Characteristics of Superior Students (SRBCSS)  
 Scales for Identifying Gifted Students (SIGS)  
 Iowa Acceleration Scale

No assessment will be done without written permission. Please complete the attached questionnaire to help us learn more about your child. If you have questions, contact Cathy Allen, Gifted Coordinator, at [callen@newarkschools.us](mailto:callen@newarkschools.us) or (740) 670-7053.

I understand that if I grant permission, my child will receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. I further understand and agree that the information collected by the school district will then be reviewed by the Acceleration Evaluation Committee to see if my child meets the criteria for early entrance to kindergarten, in accordance with state and district policy.

\_\_\_\_\_ Permission is given to conduct the assessment(s)

\_\_\_\_\_ Permission is denied

\_\_\_\_\_  
 Parent/Guardian (print)

\_\_\_\_\_  
 Current School

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Child's DOB

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Relationship to Child

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

Academic Acceleration  
**Acceleration Assessment Questionnaire**

Student: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

1. What are the names and ages of this student's siblings?

<i>Name</i>	<i>Age</i>	<i>Grade</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Has this student ever been formally evaluated by a psychologist, social worker, or learning specialist? Yes \_\_\_ No \_\_\_ (Please attach all available results)

When was the evaluation? \_\_\_\_\_

Why was the child evaluated? \_\_\_\_\_

\_\_\_\_\_

3. In what extra-curricular activities (in and out of school) does this student participate?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Tell us about the friends of your child. Are they the same age, older, younger, both? Many or few?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. How does your child feel about acceleration as an option?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Do you believe acceleration is a good option for your child? Why or why not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_