

**Ironton City Schools**

**Academic Acceleration Evaluation Committee Report**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_ **Date of Referral:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(Check Referral Type)

- Kindergarten  First Grade  Early Entrance  Whole Grade Acceleration  
 Individual Subject Acceleration  Early High School Graduation

**Academic achievement classroom performance data attached?**  Yes  No

**Description of Evaluation Process:**

Additional Pages Attached.

**Evaluation Results Attached?**  Yes  No

**Decision of Acceleration Evaluation Committee:**

Additional Pages Attached.

**Signature of Acceleration Evaluation Committee Participants**

(Check "Yes" if you agree with the decision. Check "No" if you disagree with the decision.)

\_\_\_\_\_  Yes  No \_\_\_\_\_  Yes  No  
(Principal/Assistant Principal) (Current Teacher)

\_\_\_\_\_  Yes  No \_\_\_\_\_  Yes  No  
(Accelerated Grade Level Teacher) ( Gifted Coordinator/Gifted Intervention Specialist)

\_\_\_\_\_  Yes  No \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Parent/Legal Guardian) (Date)