In April 2005, the State Board of Education adopted “A Model Student Acceleration Policy for Advanced Learners” in response to House Bill 66 requirements. The bill also required Ohio’s city, local and exempted village school districts to implement the model policy or a similar policy to take effect beginning in the 2006-2007 school year.

In December, the General Assembly passed House Bill 79, which amended House Bill 66 to require schools districts to submit their acceleration policies to ODE for review and approval. Section 3324.10 of HB 79 reads:

(A) Prior to June 30, 2006, the state board of education shall adopt a model student acceleration policy addressing recommendations in the department of education’s 2005 study conducted under the gifted research and demonstration grant program. The policy shall address, but not be limited to, whole grade acceleration, subject area acceleration, and early high school graduation.

(B) The board of education of each city, local, and exempted village school district shall implement a student acceleration policy to take effect beginning in the 2006-2007 school year. The policy shall either be the model adopted by the state board under division (A) of this section or a policy covering similar issues that is adopted by the district board. If the district board does not adopt the state board's model, it shall submit its policy to the department for review and approval. The department, upon request, shall provide technical assistance to the district board in developing the policy.

Districts are required by Section 3324.10 of HB 79 to either adopt the state Model Student Acceleration Policy for Advanced Learners or submit for review a district policy that covers similar issues (early entrance to kindergarten, whole grade acceleration, subject area acceleration, and early high school graduation).

To view the full text of the model policy, related resources, and instructions for submitting amended or alternative acceleration policies for ODE review, please visit the ODE gifted web site at:

http://www.ode.state.oh.us/GD/Templates/Pages/ODE/ODEDetail.aspx?page=3&TopicRelationID=964&Content=19931

General Benefits of Acceleration

Acceleration is perhaps the most effective intervention for enhancing the academic growth of advanced student. This is especially true for the academically able students. Research shows that acceleration has long-term benefits for these students.
**Types of Acceleration**
- Whole-Grade Acceleration
- Individual Subject Acceleration
- Early Admission to Kindergarten
- Early High School Graduation

**Process**
1. A teacher, administrator or parent may request that a district consider acceleration for a specific student. It is best that this be done at the beginning of the school year or at the end of the school year in preparation for the next year.
2. An acceleration referral form must be completed and submitted to the building principal.
3. A letter is then sent home to parents requesting permission to evaluate the child for possible acceleration.
4. After permission is received a designee in the district gathers data on the student using the Iowa Acceleration Scale as a model.
5. Once data is gathered, a committee is called to review the information and to discuss the child’s potential for acceleration. The child’s teachers and the building principal must be included in this meeting. If the child is receiving gifted services, then the teacher of gifted must be included in the final meeting.
6. A meeting is held with parents to explain the process for determining the outcome. If this child is to be accelerated, then the parents must sign a permission form.
7. Prior to the meeting with parents, the building principal should have an action plan set for implementing the acceleration for the child. There should also be an acceleration education plan created for the parents to sign at the meeting.

**Transition Period**
The Eastern Local School District has a transition period of one month. If at anytime during the course of the month the teacher or the parent feels that the acceleration placement is not appropriate, they can submit their case in writing.
1. If the teacher submits the letter, there must be another committee review and recommendation.
2. A meeting must be held with the parents to review the committee decision and to give them the opportunity to agree or disagree.
3. If the parents feel the acceleration is not appropriate, they can request in writing that the child go back to the regular placement or the district find an alternate acceleration avenue.
4. The committee must review this request and make a recommendation. If an alternate acceleration plan is recommended, there must be a new acceleration education plan created and the parents must sign off on the latest recommendation.
Eastern Local School District
Academic Acceleration Referral

Child’s Name: _____________________________________  ID No. ____________________

Date of Birth: ________________  Grade: _____  School: ______________________________

Parent(s) / Guardian(s)
Names: ___________________________________________ ______________________________

Street Address: ___________________________________ _______________________________

City:_____________________________ Zip: ___________ Phone: _______________________

Type of Acceleration:

☐ Early Entrance to Kindergarten
☐ Whole Grade – From Grade ________ to Grade ________
☐ Individual Subject Area
   Subject Area(s): ___________________________________________
☐ Early Graduation from High School

Reasons for Academic Acceleration Referral: (Please be very specific. Attach any additional information and available documentation to this form.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature of person(s) initiating referral
Name (please print)  Position or Relationship to Student

Phone  Date

Signature of person receiving referral
Date

RETURN TO BUILDING PRINCIPAL
Copies: Parent/Student Building File
Eastern Local School District
Permission for Academic Acceleration Evaluation

Child’s Name: _______________________________________

School: ___________________________________________ Grade: _____________

Parent(s) / Guardian(s)
Names: ___________________________________________ ______________________________

Street Address: ___________________________________ ______________________________

City:_____________________________ Zip: ___________ Phone: _______________________

Type of Acceleration:

☐ Early Entrance to Kindergarten
☐ Whole Grade – From Grade _______ to Grade ________
☐ Individual Subject Area
  Subject Area(s): ___________________________________________________________
☐ Early Graduation from High School

__________________________ __________________________
Referred by Position

I understand that by signing below I am granting permission for the Eastern Local’s Acceleration Evaluation Committee to assess __________________________ for possible academic acceleration. All assessments will be done during the school day. I will be informed of the evaluation for academic acceleration results.

☐ Permission is given to conduct the evaluation or acceleration
☐ Permission is denied

Comments: ________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

__________________________ __________________________
Parent/Guardian Signature Date

RETURN TO BUILDING PRINCIPAL
Eastern Local School District
Permission for Academic Acceleration

Child’s Name: ________________________________  Grade: ________________

School: ________________________________

Type of Acceleration:

☐ Early Entrance to Kindergarten

☐ Whole Grade – From Grade ________ to Grade ________

☐ Individual Subject Area
  o Subject Area(s):

☐ Early Graduation from High School

I understand that by signing below I am granting permission for the Eastern Local School District to offer acceleration opportunities as listed above to my child. I also understand that there is a transition period and that if at the end of a month we feel the acceleration is not appropriate, then we can request in writing that the child go back to the regular placement or the district find an alternate acceleration avenue.

☐ Permission is given for acceleration

☐ Permission is denied

Comments: ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signatures:

________________________________________  _______________________________
  Parent /Guardian                            Parent /Guardian

___________________________
Date

RETURN TO BUILDING PRINCIPAL
Eastern Local School District
Acceleration Written Education Plan

Student Name: 
Acceleration Area: 
Plan Date: 
Grade: 
Building: 
Start Date: upon receipt of permission form

Evaluation and Determining Factors for Acceleration

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ACCELERATION PLAN

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CONTINGENCIES

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SIGNATURES

_________________________________  ________________________________
Curriculum Specialist or Gifted Coordinator  Principal

_________________________________  ________________________________
Parents  Parents