



What skills does this child exhibit that lead you to believe he/she is ready for enrollment in school?

Does this child have any limitations that might interfere with his/her ability to succeed in school? Y N  
If yes, please explain.

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**Referral Signature:**

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**Print Name of Person Initiating Referral**

**Signature**

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*Position/Relationship to Child*

*Phone #*

*Date*

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**Parent Permission:**

**I hereby give permission** to Kettering City Schools to collect data regarding my child in consideration for possible early entrance to school. In giving my permission, I understand that any or all of the following may occur: Review of relevant records, Interviews with the student, teacher(s) and parent(s), Observations of the child, Formal/informal assessments and screenings will be given (e.g. ability, achievement and/or aptitude tests, developmental tests, readiness assessments, etc.)

I also understand and agree that the information collected by the school district will then be reviewed by an Acceleration Evaluation Team who will complete a summary report and make a recommendation.

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*Signature of Parent/Guardian*

*Relationship to child*

*Date*

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**I do NOT give permission** for the evaluation for Early Entrance to School.

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*Signature of Parent/Guardian*

*Relationship to child*

*Date*

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**Return this form and additional pertinent information to Dawn Cauldwell (address listed above.)**

**For Office Use Only**

Gifted Coordinator received referral on \_\_\_\_\_.

Parent given/sent Early Entrance packet on \_\_\_\_\_.

Permission form signed and returned on \_\_\_\_\_. Y N Gifted Coordinator received on \_\_\_\_\_.

Acceleration Evaluation Team meeting date(s) \_\_\_\_\_.

Case completed on \_\_\_\_\_. Written Acceleration Plan? Y N completed on \_\_\_\_\_.