



Acceleration Referral Form

Student Name _____

Grade _____

Name of person initiating referral _____

Relationship to student _____

The student is referred for possible acceleration in the following area(s):

Whole Grade _____

Single Subject:

Math _____

Reading _____

Science _____

Social Studies _____

Early Graduation _____

Why are you considering acceleration for this child?

Program Modification:

What has been done relative to acceleration? (Student modifications must have occurred prior to acceleration referral.)

What evidence supports reasons for acceleration? (Give examples such as Super Saturday participation, outside assessments, etc.)

Identify successful performance(s) of the student. (Provide academic examples. Evidence could be assessments of student behaviors in advanced settings.)

Subject Area(s) _____



Parent Permission Form for Acceleration Assessment

I give permission for my child to be assessed for purposes of possible acceleration.

Parent/Legal Guardian Signature

Date

Phone

Building Principal Signature

Deadlines:

Referral for first semester acceleration must be submitted by March 15.

Referral for second semester acceleration must be submitted by November 1.