



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.