



Engage, Equip, Empower

Submit completed form to principal.

- By November 1 for January placement
- By March 31 for fall placement

Referral for Acceleration

Student _____	Date submitted _____	
FIRST NAME _____	LAST NAME _____	
Grade _____	School _____	Birthdate _____
Person making referral _____	FIRST NAME _____	LAST NAME _____
Parent/guardian phone _____	email _____	
Parent/guardian signature _____		

Type of Acceleration Requested

Subject area _____ Whole grade level: From grade _____ to grade _____

Acceleration is an option when the student's academic needs are too advanced to be met in the current classroom/grade level: The student already knows the content well enough to skip the entire curriculum and move to the next level without being provided a "compacted" learning experience.

Provide reasons why you believe this student should be considered for acceleration:

- Consistently high standardized test scores (95th percentile or higher)
- Superior cognitive ability (intellectually advanced when compared to same age-level peers) Self-motivated, independent learner
- Demonstrates perseverance when faced with challenges
- Socially mature for age
- Highly responsible

Other specifics supporting this recommendation:

For Principal Use Only

Principal (initials/sig.) _____ Date referral received _____

- Place form in student's Cumulative File
- Provide copy to the district administrator who oversees gifted education