

All acceleration requests for the beginning of the school year are due April 1; requests for the beginning of second semester are due October 15.



Accelerated Placement Referral Form

Student's Name _____ School _____ Grade _____
Teacher _____ DOB _____ ID # _____
Parent/Guardian _____
Address _____ Zip Code _____
Home Phone _____ Work/Cell Phone _____
Parent/Guardian's Email Address _____
Referral Initiated By _____

Specific subject, grade, or course acceleration being requested:

Reason(s) for acceleration request:

Signature of person initiating the referral:

Name _____ Position or Relationship to the Student _____ Date _____

I give my permission to school personnel to conduct an evaluation to determine if an accelerated placement is appropriate for my child. I will be informed of the results of this evaluation and will be a part of the acceleration team when a decision is made regarding acceleration.

Signature of Parent/Guardian

Date

Signature of Principal:

Name _____ Date _____

This completed form should be sent to the gifted coordinator/consultant.