



Engage, Equip, Empower

**Submit completed form to principal.**

- By October 31 for testing by December
- By March 31 for testing by May

## Referral for Acceleration

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

### 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 (95<sup>th</sup> percentile of 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 Director of Personalized Learning