



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.