Acceleration Referral Form

Name of Student: _____ Date of Birth: _____

School: _____ Grade Level: _____

Parent/Guardian: _____ Date of Referral: _____

Student Address: _____ Home Phone:_____

The above named student is being referred for a possible educational alternative for advanced learners in the following area(s):

- ☐ Early Entrance (Admitting a student to kindergarten or first grade who has not yet reached the district's age of entrance requirement)

Evidence for Request: _____

_____

- ☐ Whole Grade Acceleration (Assigning a student to a higher grade level for all subject areas on a full-time basis)

Evidence for Request: _____

_____

- ☐ Individual Subject Acceleration (Assigning a student to a higher grade level for a certain subject(s). Please indicate area(s) below for acceleration consideration:
  - ☐ Reading
  - ☐ Writing
  - ☐ Mathematics
  - ☐ Science
  - ☐ Social Studies

Evidence for Request: _____

_____

- ☐ Early High School Graduation (Completion of the High School Program & Graduation requirements in less than 4 years)

Evidence for Request: _____

_____

_____ _____

Signature of Person Initiating Referral *Date*

Please Return Form (either electronically or by mail) to:

Erica Baer-Woods
ebaer-woods@mresc.org
Attention: Director of Student Achievement
129 E. Court St.
Sidney, OH 45365