



## 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