Campbell City Schools Acceleration Referral Form

Child: _____ School: _____

Is referred for consideration of Acceleration:

1. Child's Birth Date: **_____(Month/Day/Year)**

2. Current Grade Level: _____

3. Type of Acceleration: (Check all that apply)

   _____Subject (specify)_____
   _____Whole Grade (from _____ to _____)
   _____Early Entrance

4. Relationship of the Referring Individual to the Child: (Check all that apply)

   a. District Educator _____
   b. Pre-School Teacher _____
   c. Pediatrician _____
   d. Psychologist _____
   e. Parent____

5. The individual initiating the referral should provide a written narrative in support of the referral:

_____

_____

_____

_____ _____ _____
(Signature of Referrer) (Phone Number) (Date)

Parent Signature: _____
(Permission to administer assessments)

Date Submitted to Building Principal or Designee: _____