

NORWOOD CITY SCHOOLS  
ACCELERATION REFERRAL FORM for Parents

Student Name \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

Person initiating referral \_\_\_\_\_  
Relationship to student \_\_\_\_\_

The student is referred for possible acceleration in the following areas:

- \_\_\_ Whole Grade
- \_\_\_ Single Subject
  - \_\_\_ Math
  - \_\_\_ Reading
  - \_\_\_ Science
  - \_\_\_ Social Studies
  - \_\_\_ Other \_\_\_\_\_
- \_\_\_ Early Graduation

Why are you considering acceleration for this child?

What evidence supports reasons for acceleration?  
(Give examples such as Super Saturday participation, outside activities and/or assessments, etc.)

What activities, school subjects, clubs, and/or interests does your child participate in that display his/her advanced skills?

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I give permission for my child to be assessed for purposes of possible acceleration.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving Referral

\_\_\_\_\_  
Date

**DEADLINES:**

*Referral for first semester acceleration must be submitted by March 15<sup>th</sup>.*

*Referral for second semester acceleration must be submitted by November 1<sup>st</sup>.*