

# Warren Local Schools

Kyle R. Newton, Superintendent

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Vincent, Ohio 45784



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## ACCELERATION REFERRAL

Name of Student \_\_\_\_\_ Present Grade \_\_\_\_ Date: \_\_\_\_\_

Person making referral (check all that apply):

- Parent/Guardian
- Teacher
- Administrator
- Gifted Intervention Specialist
- Guidance Counselor
- School Psychologist
- Parent or Legal Guardian
- Student Self-referral

### Student Contact Information:

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Type of Acceleration:

- Single Subject       Whole Grade       Early Graduation

### Reason for Request:

\_\_\_\_\_  
\_\_\_\_\_

Signature of person making referral (if other than Parent/Guardian) \_\_\_\_\_

*Warren Local Schools has permission to administer any needed assessments in order to consider this request.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

