

# South Range Local 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:

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\_\_\_\_\_  
(Signature of Referrer)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Date)

Parent Signature: \_\_\_\_\_  
(*Permission to administer assessments*)

Date Submitted to Building Principal or Designee: \_\_\_\_\_