

Canfield Local School District
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: _____