



Acceleration Referral Form

Student name _____

School _____ Present Grade _____

Person making the referral _____

Relationship to student _____ Date _____

Type of Acceleration Requested:

- | | |
|--|--|
| <input type="checkbox"/> Individual Subject Acceleration | <input type="checkbox"/> Early Entrance to First Grade |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Early High School Graduation |
| <input type="checkbox"/> Reading/Language Arts | <input type="checkbox"/> Whole Grade Acceleration |
| <input type="checkbox"/> Science | From grade _____ to grade _____ |
| <input type="checkbox"/> Social Studies | |
| <input type="checkbox"/> Other _____ | |

Please address the following questions:

- 1. Academics:** Why do you believe this student is a good candidate to accelerate to a higher level?
Please give specific examples.

- 2. Social/Emotional:** How does this student relate to students in other grades? Please give specific examples.

- 3.** Is there any other pertinent information not described above to be considered in the acceleration of this student?

Please return the completed form to the building principal or gipsgifted@gips.org.