

# Austintown Local Schools

## Subject/Whole Grade Acceleration Referral Form

Student: \_\_\_\_\_ School: \_\_\_\_\_

### Is referred for consideration of Acceleration:

Child's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Current Grade Level: \_\_\_\_\_

Type of Acceleration: (Check all that apply)

\_\_\_\_\_ Subject (specify) \_\_\_\_\_

\_\_\_\_\_ Whole Grade (from \_\_\_\_\_ to \_\_\_\_\_)

Relationship of the Referring Individual to the Child: (check all that apply)

- ☐ District Educator
- ☐ Pre-School Teacher
- ☐ Pediatrician
- ☐ Psychologist
- ☐ Parent

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

### No assessments will be administered without your consent

Parent Signature giving consent to assess: \_\_\_\_\_

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

**Administrators:** Please return referral to the Board of Education