

Washington Court House City School District

Student Acceleration – Referral Form

Name _____ Present School _____ Grade _____

Address _____ Zip _____ Home Phone _____

Parent/Guardian _____ Work Phone _____ Date of Referral _____

Specific acceleration of **grade, subject, course** or **early high school graduation** recommended by this referral:

Reason for acceleration referral:

Documentation of previous enrichment opportunities within normal grade sequence:

1)

2)

3)

4)

5)

Signature of person making referral: _____

Relationship to student: _____

Signature of Gifted/Talented Resource Teacher: _____

Signature of Building Principal: _____

Parent Signature

I give my permission to school personnel to conduct a comprehensive evaluation to determine if an accelerated placement would be appropriate for my child.

Signature of Parent/Guardian: _____

Please return this form to the school counselor to be forward to the Gifted Coordinator