

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:

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, Director of District Programs