

RIDGEMONT LOCAL SCHOOLS

Acceleration Referral Form

Child: _____ **School:** _____ **Grade:** _____

Address: _____ **Birthdate:** _____

Is referred for possible acceleration in the following area(s)

Area of Proposed Acceleration:	Describe characteristics observed:
<input type="radio"/> Early Entrance to Kindergarten: _____	
<input type="radio"/> Single-Subject Acceleration: _____	
<input type="radio"/> Whole-Grade Acceleration: _____	
<input type="radio"/> Early Graduation: _____	
 If interested in potential single-subject acceleration, mark the following area/s in which you feel the student would be a potential candidate.	
<input type="checkbox"/> Mathematics	_____
<input type="checkbox"/> Science	_____
<input type="checkbox"/> Reading/Language Arts	_____
<input type="checkbox"/> Social Studies	_____

Which of the following do you feel the student may be eligible for: early entrance to kindergarten, subject acceleration, whole-grade acceleration or early graduation? _____

Signature of Person Initiating Referral

Position or Relationship to Child

Phone

Date

Name of Person Initiating Referral
(Please Print)

Signature of Person Receiving Referral

Date

**PLEASE COMPLETE THIS FORM AND RETURN TO THE BUILDING PRINCIPAL/GIFTED
INTERVENTION SPECIALIST/COORDINATOR OF GIFTED SERVICES**