



## Acceleration Referral Form

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

Is referred for consideration of Acceleration:

1. Child's Birth Date: \_\_\_\_\_ (Month/Day/Year)
2. Current Grade Level: \_\_\_\_\_
3. Type of Acceleration: (Check all that apply)  
\_\_\_\_ Subject (specify) \_\_\_\_\_  
\_\_\_\_ Whole Grade (from \_\_\_\_\_ to \_\_\_\_\_)  
\_\_\_\_ Early Graduation (Note: For **Early Entrance** to K/1, please complete WCS Early Entrance form)
4. Relationship of the Referring Individual to the Child: (Check all that apply)
  - a. District Educator \_\_\_\_\_
  - b. Pediatrician \_\_\_\_\_
  - c. Psychologist \_\_\_\_\_
  - d. Parent \_\_\_\_\_

5. 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)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Permission to administer assessments)

\*Signature of Administrator/Designee Receiving Referral: \_\_\_\_\_ Date: \_\_\_\_\_