

Perry Local Schools Acceleration Referral Form

Student's Name _____ School _____ Current Grade _____

ID # _____ Parent/Guardian's Name(s): _____

Address: _____ Phone Number: _____

Check the area(s) for which this student is being referred for possible acceleration.

Single Subject Acceleration

Check appropriate subject: Math Science Reading Writing Social Studies

Whole Grade Acceleration From: _____ To: _____

Early High School Graduation

Other: *Please Specify* _____

Please explain why you feel this student should be accelerated:

Name of Person Referring: _____ Phone Number: _____

Relationship to Student: _____

Signature of person initiating the referral: _____ Date _____

A team meeting will be set up within 30 days of the receipt of this form. If psychological testing is needed, the Acceleration Team will meet within 30 days after the testing is completed.

Return this form to the Building Principal.

Office Use Only

Name of Person Receiving Referral: _____ Date: _____