



Marion City Schools  
**Individual Acceleration Referral Form**

Student: \_\_\_\_\_ Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Referred by: \_\_\_\_\_

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

- Whole Grade Acceleration
- Early Entrance to Kindergarten
- Early Graduation

Single Subject Acceleration in:

- Mathematics
- Science
- Reading
- Social Studies

Please describe how this student exhibits a need for acceleration, which goes beyond the modified curriculum provided in the regular classroom or gifted cluster class. Please provide specific examples that support this referral.

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Please comment on this student's academic skills as well as social and emotional behavior.

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\_\_\_\_\_  
Signature of Person Initiating Referral      Position or Relationship to Child      Phone      Date

\_\_\_\_\_  
Signature of Person Receiving Referral (Building Principal)      Date

Please return completed form to:  
**The Building Principal**

cc: Students file , Gifted Coordinator