



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.

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

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:
Your Building Principal

cc: Student's file, Gifted Coach/Coordinator