

*Sheffield/Sheffield Lake Schools*

**Referral Form for Acceleration**

Child \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Is referred for possible acceleration for the following reason(s):

Reason

- Early Admission to Kindergarten \_\_\_\_\_  
\_\_\_\_\_
- Subject Acceleration \_\_\_\_\_  
\_\_\_\_\_
  - Mathematics \_\_\_\_\_
  - Science \_\_\_\_\_
  - English/Reading \_\_\_\_\_
  - Social Studies \_\_\_\_\_
  - Foreign Language \_\_\_\_\_
- Whole Grade Level \_\_\_\_\_  
\_\_\_\_\_
- Early Graduation \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Person Receiving Referral      Date

PLEASE RETURN TO YOUR BUILDING PRINCIPAL OR BUILDING GIFTED INTERVENTION TEACHER