

**JACKSON CENTER LOCAL SCHOOLS**  
**Acceleration Referral Form**

**Child:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

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

Area of Proposed Acceleration:	Describe characteristics observed:								
<input type="radio"/> Early Entrance to Kindergarten:	_____								
<input type="radio"/> Single-Subject Acceleration:	_____								
<input type="radio"/> Whole-Grade Acceleration:	_____								
<input type="radio"/> Early Graduation:	_____								
<p><b>If interested in potential single-subject acceleration, mark the following area/s in which you feel the student would be a potential candidate.</b></p> <table style="width: 100%;"><tr><td style="width: 30%;">Mathematics</td><td>_____</td></tr><tr><td>Science</td><td>_____</td></tr><tr><td>Reading/Language Arts</td><td>_____</td></tr><tr><td>Social Studies</td><td>_____</td></tr></table>		Mathematics	_____	Science	_____	Reading/Language Arts	_____	Social Studies	_____
Mathematics	_____								
Science	_____								
Reading/Language Arts	_____								
Social Studies	_____								

Which of the following do you feel the student may be eligible for: early entrance to kindergarten, subject acceleration, whole-grade acceleration or early graduation? \_\_\_\_\_

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

\_\_\_\_\_  
Name of Person Initiating Referral (Please Print)      Signature of Person Receiving Referral      Date

**PLEASE COMPLETE THIS FORM AND RETURN TO THE BUILDING PRINCIPAL/GIFTED INTERVENTION SPECIALIST/COORDINATOR OF GIFTED SERVICES**

**SCESC, Coordinator of Gifted Services, 129 East Court Street, Sidney, OH 45365**