



### Acceleration Referral\*

Student \_\_\_\_\_

Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Reason for Referral:

Early Entrance to Kindergarten

Subject Acceleration

Reading

Math

Other

Whole Grade Acceleration

From Grade \_\_\_\_\_ to Grade \_\_\_\_\_

Person initiating referral \_\_\_\_\_

Relationship to student \_\_\_\_\_

Parent Permission to Test \_\_\_\_\_

Date \_\_\_\_\_

*Parent/Guardian signature (required for testing)*

\*Acceleration is a multi-step process.

Return your completed referral to your child's building office. It may also be emailed to Gifted Services Coordinator, Karen Boggs [kboggs@wayne-local.com](mailto:kboggs@wayne-local.com) or by regular mail to Gifted Services Wayne Local Schools 659 Dayton Road Waynesville, OH 45068