

Mahomet-Seymour CUSD #3



UNIVERSAL REFERRAL FORM FOR ACCELERATION

(Whole grade or subject)

Directions: Please complete this application after meeting with your child's building principal, if you feel your child demonstrates academic achievement, and social/emotional/physical maturity appropriate acceleration..

PLEASE TYPE/PRINT ALL INFORMATION

Child's Name			
Date of Birth			
Gender			
Type of Acceleration Requested			
<input type="checkbox"/>	Whole Grade Acceleration		
<input type="checkbox"/>	Subject Area Acceleration		
Home Address			
Street and City			
Family Information			
Parent/Guardian			
Relationship to Child			
Phone Cell			
Phone Home			
Email Address			
Siblings	Name	Age	Grade

SCHOOL HISTORY

Has the student done any of the following? (Check all that apply.)

- ☐ Qualified for a gifted education program in another district
- ☐ Accelerated in one or more subjects within a grade
- ☐ Entered kindergarten or first grade early
- ☐ Skipped a grade (indicate which grade)
- ☐ Participated in an enrichment/acceleration academic class or activity outside of school
- ☐ Other (Please explain)

Has the student demonstrated high ability, accelerated performance and/or talent as compared with same age peers in the following areas? (Check all that apply.)

- ☐ Music
- ☐ Art
- ☐ Drama
- ☐ Dance
- ☐ Sports
- ☐ Leadership
- ☐ Other (Please explain)

Please describe examples of exceptional talent in the areas checked above.

SUPPORTING REFERRAL INFORMATION

Please cite specific reasons why you feel that acceleration would be an appropriate placement for this student.

Please provide additional comments/information you would like considered.

Your signature grants the team permission to administer assessments to measure your child's academic ability, aptitude, achievement and social/emotional development.

Print Name

Date

Signature

OFFICE USE ONLY

Date referral was received _____

Date principal made contact with parent _____

