

# Archbold Local Schools

## Subject Acceleration Referral Form

Student's Name \_\_\_\_\_  
Last First Middle Initial

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Select One: \_\_\_\_ Male \_\_\_\_ Female

School \_\_\_\_\_ Current Grade \_\_\_\_ Accelerated Grade \_\_\_\_

Parent (s) or Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_  
HOME CELL WORK

Email: \_\_\_\_\_

This student is being referred for possible acceleration in the following subject area(s):

**Reason for Referral:** Use back of document or additional page, if needed.

Reading \_\_\_\_\_

Mathematics \_\_\_\_\_

Social Studies \_\_\_\_\_

Science \_\_\_\_\_

Visual & Performing Arts \_\_\_\_\_

Why do you think this child is ready for a subject level acceleration? Please document child's academic skills, as well as social and emotional behavior. Use back of document or additional paper, if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred by: \_\_\_\_\_  
Teacher Parent Legal Guardian Other (specify)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Person Initiating Referral Phone mm/dd/yyyy

Please return to building principal.