



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@waynelocal.net or by regular mail to Gifted Services Wayne Local Schools 659 Dayton Road Waynesville, OH 45068