

Swanton Local Schools

Subject Acceleration Referral Form

Student's Name _____
Last First Middle Initial

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

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.