



Student Acceleration Referral Form

WISCONSIN
RAPIDS
PUBLIC
SCHOOLS

Student _____ School _____ Grade _____

Specific grade, subject or course acceleration requested by this referral:

Reason for acceleration referral:

Use back of form, if more space is needed

Documents supporting your referral may be attached to this form. Number of attachments _____

Is this a SIT referral: Yes

No (if no, please fill in information below)

Name of person initiating referral

Relationship to student

Phone or Email

Signature

Date

If parent/guardian is initiating referral, please also sign below to give permission for a student evaluation.
If school staff is initiating referral, please forward to parent for signature prior to submitting form:

I give my permission to school personnel to conduct an evaluation to determine if an accelerated placement would be appropriate for my child. I understand that I will be part of the evaluation team and will be informed of the results of the evaluation.

Yes

No

Signature of Parent/Guardian

Please return completed form to school office

Office personnel, please route form to GATES Coordinator



Student Acceleration Evaluation Form

**WISCONSIN
RAPIDS
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SCHOOLS**

Student _____ School _____ Grade _____

Address _____ Zip _____

Parent/Guardian _____

Phone/Email _____

Type of acceleration requested _____

Academic Readiness:

Test	Score	% Tile	Comments
Further evaluation required:			

Social, emotional, and motivational readiness:

Based on interview with the student and information from parents/guardians, teacher, counselor, school psychologist, and other school personnel, this student:	Yes	No
1. Understands and desires acceleration		
2. Has adequate social-emotional development for accelerated placement		

Other observations/comments by the evaluation team:

Requested Acceleration is recommended for approval: Yes No Date: _____

