Barrow County Schools

ACCELERATION PLACEMENT REQUEST FORM

Please print name

Referred by _____ Parent/Guardian _________________________________________________________

_____ Teacher _______________________________________________________________

_____ Counselor _______________________________________________________________

_____ Administrator ____________________________________________________________

I have carefully reviewed the Barrow County Acceleration Policy and Procedures.  Initials __________

Student Name____________________________________________________Student Number________________

Last                              First                                 Middle

Birth Date_____________________ Age ______   School Year ________- ________   Grade _________________

Homeroom
Teacher____________________________    Gifted Teacher(s)________________________________________

The above named student is currently being served in the Gifted Program.    YES___       NO___

The above named student is referred for possible Academic Acceleration:

__________Whole-Grade Acceleration             ___________ Subject Area Acceleration

(Single grade acceleration only)

List
Subject ($) ______________________

Rationale:
__________________________________________

__________________________________________

Current Gifted Education Services/Curriculum Modifications:
__________________________________________

__________________________________________

__________________________________________

Signature of Person Referring  ___________________   Date ____________________

SEND THIS COMPLETED FORM TO THE SCHOOL PRINCIPAL.