

Urbana City Schools Acceleration Referral Form

Child: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____ Phone: _____

School: _____ Grade: _____ Referred By: _____

The above student is being referred for a possible educational alternative for advanced learners in the following area/areas:

Evidence

Early Entrance
admitting a student to kindergarten who has not yet reached the typical age

Whole-grade Acceleration
assigning a student to a higher grade level for all subjects on a full-time basis

Individual Subject Acceleration
assigning a student to a higher grade level for a certain subject(s)

Mathematics Science

Reading/Writing Social Studies

Early High School Graduation
completion of the High School program in less than 4 years

Signature of Person Initiating Referral Position or Relationship to Child Phone Date

If you have questions, please contact **Sharon Kitchen, Gifted Supervisor at 937-215-5581 or sharon.kitchen@urbanacityschools.org**

PLEASE RETURN FORM TO:
Sharon Kitchen
630 Washington Avenue
Urbana, OH 43078

Date Received _____