

Woodridge Local School District

REFERRAL FORM FOR POSSIBLE WHOLE-GRADE OR SUBJECT ACCELERATION

Name of Student _____

School/Building _____ Grade _____

Referral made by (check one):

Staff Member

Parent/Guardian

Name of person making referral _____

Before a student is evaluated for academic acceleration, the principal (or his/her designee) of the school to which the child may be admitted shall obtain written permission from the child's parent/guardian.

Return this form to the building principal.

6/08