

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 \_\_\_\_\_

Homerom  
 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  
 (Single grade acceleration only)

\_\_\_\_\_ Subject Area Acceleration  
 List  
 Subject (s) \_\_\_\_\_  
 \_\_\_\_\_

**Rationale:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Current Gifted Education Services/Curriculum Modifications:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person Referring

\_\_\_\_\_  
 Date

**SEND THIS COMPLETED FORM TO THE SCHOOL PRINCIPAL.**

Acceleration Placement Request Form

Copies to: Parent  
 District Gifted Program Coordinator  
 Gifted Education File-purple folder in perm  
 (If the student is not in the gifted program, place the copy in the perm.)