

**Referral for the Acceleration Placement Program
Urbana School District 116**

Identifying Information

Student Name _____ Birthdate _____ Grade _____

Parent/Guardian _____ Phone Number _____ Email _____

Address _____

School Currently Attending (if applicable) _____

Date of Referral _____ Referral Made By _____

Primary language of student primary language of family _____

Type of Acceleration Requested:

_____ Early Entrance to Kindergarten _____ Early Entrance to 1st Grade

_____ Whole Grade Acceleration _____ Single Subject Acceleration

_____ Other (please describe):

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Reason for Referral for Acceleration (attach additional sheets/documentation, as needed)

Estimated Reading Level _____ Estimated Math Level _____

Describe the student's current strengths and needs :

Academics:

Communication:

Behavioral:

Social/Emotional:

Health:

Please return this referral form to the building principal at the school your child attends (or would attend if you child is not enrolled in the school district).

_____ **for office use only** _____

Date referral received _____

Date of follow up with referral source _____

Date of parent meeting _____