



Wayne Local Schools Referral for Acceleration

Student Demographic Information

Name: _____ Gender: _____ Date of Birth: _____

Classroom Teacher: _____ School: _____ Grade: _____

Parent Name(s): _____ Cell: _____

Address: _____ Email: _____

Referred By: _____ Relationship to Student: _____

Area(s) for Possible Acceleration Placement

☐ **SINGLE SUBJECT ACCELERATION** for School Year: _____

_____ Math _____ Reading _____ Science _____ Social Studies

Required assessments: grade level subject, two grade levels above subject, cognitive assessment

☐ **WHOLE GRADE ACCELERATION** for School Year: _____

From Grade _____ to Grade _____

Required assessments in all subject areas: grade level, two grade levels above, cognitive assessment

☐ **EARLY GRADUATION** for School Year: _____

Parent Permission to Test

Parent/Guardian Signature: _____ Date: _____

(required for testing)

(OVER)



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To Be Completed by Person Initiating Acceleration Request

Person Initiating Referral _____

Relationship to Student _____

Please address the following questions regarding the decision to pursue an acceleration request.

Socio-Emotional Factors: Would acceleration be socially and emotionally appropriate for the student? Please explain the effect you believe acceleration will have in relation to the candidate's ability to interact and relate to older peers:

Academics: Why do you believe this candidate is ready academically to be advanced? How will the candidate benefit more from acceleration than from the implementation of differentiation strategies in the current placement. Please give specific examples.

Former/Current Teacher Recommendation: What evidence do you have that the candidate's former/current teacher would support this request? (Include a teacher recommendation if at all possible.) Please include the name of the teacher in your response.

Other Factors: Are there any other factors to be considered in the acceleration of this candidate?

Return the completed referral to your child's building office, email to Gifted Coordinator, Mrs. Karen Boggs
kboggs@waynelocal.net or send by regular mail to WLS Gifted Services, 625 Dayton Rd, Waynesville, OH 45068

Revised 7/2026