



## BCSS Acceleration Placement Request Form

Please print/type name(s)

Referred by:

- Parent/Guardian Click or tap here to enter text.
- Teacher Click or tap here to enter text.
- Counselor Click or tap here to enter text.
- Administrator Click or tap here to enter text.

I have carefully reviewed the Barrow County Acceleration Policy and Procedures.

Initials: Click or tap here to enter text.

Student Name: Click or tap here to enter text.

Student ID Number: Click or tap here to enter text.

Birth Date: Click or tap to enter a date.

Age: Click or tap here to enter text.

School Year: Click or tap here to enter text.

Grade: Click or tap here to enter text.

Homeroom Teacher: Click or tap here to enter text.

Gifted Teacher(s): Click or tap here to enter text.

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): Click or tap here to enter text.

**Rationale:**

Click or tap here to enter text.

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

Click or tap here to enter text.

Signature of Person Referring Click or tap here to enter text.

Date: Click or tap to enter a date.

Copies to:  
District Gifted Coordinator  
Gifted Docs in DocuShare  
Parent