

Toronto City— Referral for Acceleration

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Check the area(s) that this child is being considered for acceleration.

Early Entrance to Kindergarten or 1<sup>st</sup> Grade (Specify) Child's Birthdate \_\_\_\_\_

(\* If born after Dec. 31, the referral must come from an educational or medical professional.)

Please explain why you are referring this child for acceleration consideration and testing in this area(s).  
Be as specific as possible. You may use the back of the page.

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Single Subject Acceleration (specify)

Math  Science  Reading  Social Studies  Writing

Please explain why you are referring this child for acceleration consideration and testing in this area(s).  
Be as specific as possible. You may use the back of the page.

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Whole Grade Acceleration or Early Graduation (Specify)

Please explain why you are referring this child for acceleration consideration and testing in this area(s).  
Be as specific as possible. You may use the back of the page.

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Person Initiating Referral \_\_\_\_\_ Position /Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

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