ORCUTT UNION SCHOOL DISTRICT ACCELERATION REFERRAL FORM

Orcutt Union School District is committed to maximizing the learning of all students in every classroom through challenging curriculum and enriched opportunities. Acceleration requires careful consideration and a review of a variety of data points in order to make a student-centered decision. All acceleration requests must be made at least 60 days prior to the beginning of a semester. Academically, the best time to request acceleration is spring, in order for students to begin the accelerated placement in the fall.

Student Name		_ DOB//
School		Grade
The student is referred for possible ac Early Kindergarten Entrance Early Grade One Entrance Whole Grade Acceleration from		ng area(s): _to (Proposed Grade)
Subject Acceleration from	(Current Grade)	(Proposed Grade)
	(Current Grade and Subject)	
Reason for referral (please be very sp documentation to this form):	ecific. Attach any additio	nal information and available
Signature of person(s) initiating refermed	ral Pos	ition or Relationship to student
Name (please print)	E-n	nail

Phone number

Date

SUBMIT COMPLETED FORM TO THE SCHOOL SITE PRINCIPAL

Copies: Parent, Educational Services, Student CUM File