



GIFTED AND TALENTED SERVICES REFERRAL FORM

I, _____ as parent/guardian/teacher/community member
(Please print) (Please circle one)

would like to refer _____ for the Gifted/Talented screening
(Print student's name)

and assessment process. I believe this child has an extraordinarily high level of intellectual or academic ability and that his/her educational needs can best be met by Gifted/Talented Services.

I understand the school district will make every effort to determine the best possible educational services based on the student's educational needs. This child is currently in grade _____.

Signature of person making referral

Date _____