School of Science and Technology

GIFTED & TALENTED PROGRAM

GIFTED/TALENTED REFERRAL FORM

I, ______________________________, as teacher/professional/community member

(Please print)

would like to refer ______________________________ for the Gifted/Talented

(Please circle)

screening and assessment process. I believe this child has an extraordinarily high level

(Print student’s name)

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