

TEACHER/PARENT REFERRAL FORM

Student _____ School _____ Grade _____

Is referred for possible identification as gifted in the following area(s):

Reason

____ Superior Cognitive Ability

____ Specific Academic Ability

____ Mathematics

____ Science

____ Reading

____ Writing

____ Social Studies

____ Creative Thinking Ability

____ Visual/Performing Arts Ability

(such as drawing, painting,
sculpting, music, dance, drama)

Signature of Person Initiating Referral

Position or Relationship to Child

Phone

Date

Signature of Person Receiving Referral

Date

PLEASE RETURN TO BUILDING PRINCIPAL

STUDENT PROFILE

Referral Source (check): Teacher Parent Legal Guardian Other (specify) _____

Identifying Data	
Name: _____	Date of Birth: ____/____/____ Phone: _____
Address: _____	
Building of Current Attendance: _____	
Present Teacher(s): _____	Grade: _____
Legal Guardian: _____	Phone: _____
Address: _____	

Does the child or parent need assistive technology or other such accommodations in order to attend meetings or understand the content of written and/or verbal information? _____
Please specify/explain: _____ _____

General
What are the child's strengths and interests? _____ _____ _____
Is there any other pertinent information not previously described? _____ _____ _____

Most Recent Standardized Tests	Age When Tested	Grades When Tested	Results