

**GIFTED AND TALENTED EDUCATION REFERRAL FORM- PARENT / GUARDIAN**

**DIRECTIONS:** To refer your child for screening for gifted and talented education services, please complete this form and return it to your school’s Gifted and Talented teacher. An observation checklist to be completed by a parent or guardian will be sent home upon receipt. Responses must fit on this form: attachments may not be submitted for initial referral. You may write on the back of the form. Please type or print clearly.

<b>Student’s Name</b>	<b>FIRST:</b>	<b>LAST:</b>		
<b>Date of Birth:</b>	/ /	<b>Grade:</b>		
<b>Teacher:</b>				
<b>Person Completing Form:</b>				
<b>Phone Number:</b>		<b>OTHER LANGUAGES SPOKEN AT HOME:</b>		
<p>In the space provided below, please describe your child’s strengths, interests and/or passions:</p>          				
<p>Please explain why you feel your child may be gifted or talented:</p>          				

Signature: \_\_\_\_\_  
 Date of referral: \_\_\_\_\_