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| E – Special Programs: Gifted and Talented – Referral Form | **EHBB EXHIBIT** |
| Page 1 of 1 |   |
| Special Programs - 2025 |

**South San Antonio Independent School District**

Gifted/Talented Referral Form

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Current Grade Level \_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Homeroom Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Making Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: ⃞ Parent or Guardian

 ⃞ Community Member

 ⃞ Teacher

I would like to refer the above child for the Gifted/Talented screening and assessment process. I believe that this child exhibits a high level of intellectual, creative, and/or academic ability and his/her needs can best be met by Gifted/Talented services. The school district will make every effort to determine the best possible educational services based on the student’s needs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Making Referral Date