

# Lighthouse Academies of Arkansas

## Gifted and Talented Referral for Services Form

Name of person recommending student: \_\_\_\_\_

Please check one of the following: I am a  Student  Teacher  Parent  Counselor  Other \_\_\_\_\_

**I. Please complete the following information on the child that is being referred:**

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Current Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: MALE FEMALE

School \_\_\_\_\_ Current Teacher \_\_\_\_\_

Phone#: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Language(s) spoken in the home \_\_\_\_\_

Has this child been tested for GT in the past?  Yes  No  Not Sure

**II. Please check each characteristic that most accurately describes the student:**

<p><u>INTELLECTUAL</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Learns facts quickly.</li> <li><input type="checkbox"/> Comprehends abstract ideas/concepts.</li> <li><input type="checkbox"/> Enjoys challenging tasks/problems.</li> <li><input type="checkbox"/> Reasons things out.</li> <li><input type="checkbox"/> Is curious about many things; asks many questions.</li> <li><input type="checkbox"/> Likes to play complex games involving logic/strategy.</li> <li><input type="checkbox"/> Displays an interest in more mature topics. (War/Politics)</li> <li><input type="checkbox"/> Has extensive knowledge about many different topics.</li> </ul>	<p><u>ACADEMICS</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Wants to learn new things.</li> <li><input type="checkbox"/> Learns information/skills quickly, with little practice.</li> <li><input type="checkbox"/> Maintains intense/sustained interest in a subject.</li> <li><input type="checkbox"/> Reads independently; does not avoid difficult material.</li> <li><input type="checkbox"/> Uses advanced vocabulary/verbal expressions.</li> <li><input type="checkbox"/> Self-motivated to learn.</li> <li><input type="checkbox"/> Is able to analyze/report information.</li> </ul>
<p><u>CREATIVITY</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Solves problems in new or different ways.</li> <li><input type="checkbox"/> Fantasizes: asks "What if?" questions.</li> <li><input type="checkbox"/> Creates original poems and stories.</li> <li><input type="checkbox"/> Have innovative ideas.</li> <li><input type="checkbox"/> Uses new/different methods to do things.</li> <li><input type="checkbox"/> Is interested in/engages in new activities.</li> <li><input type="checkbox"/> Produces original or unusual products or ideas.</li> </ul>	<p><u>LEADERSHIP/MOTIVIATION</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Demonstrates strong sense of justice and fair play.</li> <li><input type="checkbox"/> Initiates/organizes play activities for group situations.</li> <li><input type="checkbox"/> Likes to "take charge" in group situations.</li> <li><input type="checkbox"/> Is respected by peers.</li> <li><input type="checkbox"/> Demonstrates leadership among peers</li> </ul>

We prepare our students for college through a rigorous arts-infused program.

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## PERMISSION TO Test GIFTED AND TALENTED PROGRAM

I give my permission for, \_\_\_\_\_, to participate in testing and placement for the Gifted and Talented program at Lighthouse Academies of AR Charter School, a program for academically and gifted and talented students.

Please print the information below about your child:

\_\_\_\_\_  
Full Legal Name of Student

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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[www.lighthouse-academies.org](http://www.lighthouse-academies.org)