

EISD Gifted and Talented Program: TRANSFER REFERRAL FORM

Date: _____

Student Name: _____

EISD School: _____

Grade Level: _____

Homeroom/Advisory Teacher: _____

My child was served by the Gifted and Talented Program in _____ (previous district). I understand that the following guidelines must be met in order for my child to be considered for admission to the Eanes ISD GT program:

- GT file from previous district including test scores (For example: OLSAT, NNAT, KBIT, WISC, Torrance, other assessments measuring creativity and/or intellectual ability)
- File needs to be sent directly to the Eanes ISD school your child will be attending

Previous School: _____

Previous School Address: _____

Previous School Phone: _____ Fax: _____

GT Teacher/Contact for GT Program: _____

Email for Contact for previous school's GT Program: _____

Once the Referral Form and completed file from the previous school district is received by the campus, the student will be assessed following Eanes ISD GT guidelines (*during the Eanes ISD academic school year*). Placement decisions will be made within six weeks of receiving the completed Referral Form which includes the GT file from the previous district.

Parent Name (please print): _____

Email: _____

Phone number: _____

Current Home address: _____

I give consent for my child, the above-named student, to be assessed for the GT program,

Parent Signature: _____ Date: _____

Please return this form to the school office.