

**Gifted and Talented Program
Gifted and Talented Program Referral Form
Grades K-12**

Referred by: Parent Teacher Student Auxiliary Other _____ Title _____

Student _____ School _____ Grade _____

Date of Birth _____ Teacher _____

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

To be completed by teacher making the referral:

Achievement Test: _____

Grade: _____ Year: _____

Total Math %: _____

Total Reading %: _____

(one score in range from **90%- 95%** to be screened for the G/T program)

To be completed by GT Specialist:

Ability Test: Naglieri Nonverbal Ability Test

Grade: _____ Year: _____

Percentile Rank: _____

Signature of Person Initiating Referral

Position or Relationship to Student

Phone

Date

Note: Please fill out and return to:

Campus G/T Designee

*Please fill in all information requested on this form. Otherwise, the nomination cannot be processed.
Thank you.*

Committee Decision: Qualified Did Not Qualify

Date of Program Entry/Denial: _____