

CHARLES COUNTY PUBLIC SCHOOLS  
**GIFTED EDUCATION**  
**PARENT REFERRAL**

Complete this form to refer a 2<sup>nd</sup> through 8<sup>th</sup> grade student for gifted services and return to the Learning Resource Teacher at your child's school. Responses must fit on this form; *attachments may not be submitted for initial referral.* Please type or print clearly.

*Student's Last Name	First Name	Date of Birth
*School Currently Attending	Current Grade	Homeroom Teacher
Parent/Guardian	Phone	
Email	Gifted Services Screening Request for: <input type="checkbox"/> Language Arts <input type="checkbox"/> Math	

In the space provided below, please explain why the child should be considered for gifted services. Please print.

Type text here

\_\_\_\_\_  
Person Making Referral (Print)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Person Making Referral (Signature)

\_\_\_\_\_  
Date of Referral