ELEM FORM

SOAR Program Identification
Parent Gifted and Talented Request Grades K-5
Bayberry Elementary School/Valley View Middle School

N.J.A.C. 6A:8. Standards and Assessment for Student Achievement:
The regulations define gifted and talented students as: Those students who possess or demonstrate high levels of ability, in one or more content areas, when compared to their chronological peers in the local district and who require modification of their educational program if they are to achieve in accordance with their capabilities.

Student's Name	Parent/Guardian Name
Date of Birth	Email Address
School	Grade
Current Teacher	Teacher in previous school year
Has this child ever been referred for the Gifted and Talented program in the past? No/ Yes in grade _____	
In the space provided, please explain in what area the child needs additional challenges or support.	
I, _____, as parent/guardian would like to refer _____ (student's name) for the Gifted and Talented screening and assessment process. I believe this child has an extraordinarily high level of intellectual or academic ability. I understand the school district will make every effort to determine the best possible educational services based on the student's educational needs. Signature of parent making referral: Date:	
Please return this form to the main office.	

Form received by: _____(Principal) Date_____

Form received by _____(Guidance) Date _____

Form received by _____(SOAR) Date _____