

CHARLES COUNTY PUBLIC SCHOOLS
GIFTED EDUCATION
PARENT REFERRAL

Complete this form to refer a 2nd through 8th 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