

**CLEBURNE ISD**  
**GIFTED AND TALENTED**  
**TESTING REFERRAL**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Person Referring: \_\_\_\_\_

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

Teacher's Name (if not the person referring):

\_\_\_\_\_

Language in which the student would best be tested (if not English)/additional testing accommodations (oral administration, extra time, etc): \_\_\_\_\_