

Student Referral form

Student Name: _____

School: _____ **Grade Level:** _____

Please mark appropriate box: ☐ **Self** ☐ **Peer** ☐ **Parent** ☐ **Staff** ☐ **Community member**

Generally, students who are performing 2 or more grade levels above their current grade and/ or scoring advanced on standardized test scores are good candidates for referral. Students who demonstrate exceptional performance in a talent area are also great candidates.

A student is eligible for identification when:

- The research based strategies and interventions for gifted students used in the regular classroom are inadequate to address the child's area(s) of strength, and the interventions require an intense and sustained amount of resources; **and**
- The student meets the definition for gifted according to state and district guidelines. (See <https://www.cde.state.co.us/gt/about>).

I believe that _____ is performing well above grade level or demonstrates exceptional strengths in the following areas. I would like his/her performance and achievement to be reviewed to determine eligibility for gifted education services.

Suspected Areas of Exceptional Ability (check all those that apply):

☐ General Ability (critical and creative thinking, problem solving, learning aptitude)

☐ Specific Academic Aptitude

☐ Reading ☐ Writing ☐ Math ☐ Science ☐ World Language

☐ Creativity

☐ Leadership

☐ Music/Visual Arts/Dance/Psychomotor/ Drama

(List specifics) _____

Please provide examples of exceptional ability for the area(s) you checked above. Be sure to include the frequency of these examples and/or the intensity of behaviors.

How are your student's needs currently being met? Please explain or give examples.

Date received by Gifted District Coordinator _____

____ I understand that assessments of ability or achievement may be administered to this student as part of the identification process.

Referrer's Signature

Date

Please return nomination form to the student's school office or Gifted District Coordinator.

Thank-you.

Date received by Gifted District Coordinator _____

Date parent(s) given Gifted Procedures for Disagreements _____

Determination (must be within 30 school days of above)

- ☐ Student has partial body of evidence, include/continue in Talent Pool

- Explanation of support being put or already in place

- ☐ Complete body of evidence submitted to District Gifted Review Team

- ☐ Other assessments will be gathered and further determination will be gathered

- Assessments _____

- Follow up communication will happen on or before _____

- ☐ No further action at this time

- Reasoning:

Date this determination was communicated to parent(s) _____

Through ☐ Phone call ☐ Email ☐ Conference with parent(s)

Date this sheet was scanned and saved in Alpine or Enrich _____