

Gifted and Talented – Parent/Guardian Referral Form

Parents/Guardians should complete this form if they believe their child is performing well above grade level or demonstrating exceptional strengths or talents and would like their child’s performance and achievement to be reviewed to determine eligibility for gifted education services.

Once this form is received, the Gifted Education Team will consult and analyze test and performance data to determine if additional assessments are warranted and if the criteria for formal identification have been met. The results of the screening process will be communicated to parents/teacher through a meeting, a phone call or letter.

Student’s Name _____

Grade _____ School _____

Birth date _____

When have you observed this characteristic?	Seldom /Never	Occasionally	Frequently	Almost always	Examples from your child’s life.
Has self-stimulated curiosity; show independence in trying to learn more about something.					
Adapts readily to new situations; flexible in thought and action; not disturbed if the normal routine is changed.					
Organizes and brings structure to things, people and situations.					

When have you observed this characteristic?	Seldom /Never	Occasionally	Frequently	Almost always	Examples from your child's life.
Uses unique and unusual ways to solve problems.					
Displays a great deal of curiosity about many things, often going beyond conventional limits.					
Possesses a large storehouse of information about a variety of topics beyond the usual interest of the age.					
Reasons things out, thinks clearly and comprehends meanings. Makes generalizations and draws conclusions that summarize complex information easily.					
Expresses interest in understanding self and others.					
Strives toward perfection, is self- critical, is not easily satisfied with own speed or products.					

When have you observed this characteristic?	Seldom /Never	Occasionally	Frequently	Almost always	Examples from your child's life.
Seems to sense what others want and helps accomplish it.					
Tends to direct others in activities.					
Sees flaws in things, including his/her own work, and can suggest better ways to do job or reach objective.					
Displays a mature sense of humor.					
Has unusually advanced vocabulary for age level, uses terms in a meaningful way.					

Please check below which area(s) may apply to your child, and give specific examples of behaviors that support this area of nomination. Attach student work that illustrates the ability being considered.

General Intellectual Ability

Processes new information quickly, uses advanced vocabulary, sees connections in concepts, focuses for long periods of time on special interests, or enjoys solving puzzles and problems.

Specific Academic Ability

Shows unusual/advanced ability in: ___ Reading ___ Math Thinks logically and symbolically about quantitative and spatial relationships, can articulate a thorough and detailed response, sees multiple pathways to solve problems, or abstractly thinks and shows insight into novel situations.

Creative Ability

Has a vivid imagination, unique ideas in problem solving situations, may be a risk-taker, adventurous, non-conforming, often asks "why" or sees the unusual.

Leadership Ability

Organizes and leads groups, carries responsibility well, tolerant and flexible with peers, possesses good self-confidence, or may be overbearing at times.

Briefly describe your child's major interests, hobbies and other creative endeavors.

What are your main reasons for referring your child to the Gifted Program? Share your insights about his/her talents, abilities, and learning needs. (Please Note: Teachers are expected to challenge every student according to his/her abilities. Therefore, a desire to have your child/student challenged is NOT a reason for a Gifted Program referral.)

Please attach any other information which you believe is relevant and would assist us in getting to know your child's interests and abilities. (E.g. exceptional work samples, academic accolades, outside testing results, evidence of participation in outside educational programs)

____ As a parent/guardian, I understand that tests of ability, aptitude, or achievement may be administered to my child as part of the identification process. Results of all tests will be shared with parents.

Parent's /Guardian's Name _____

Parent's/Guardian's Signature _____ Date _____

Phone Number _____

Email address _____