



Referral FORM
Gifted and Talented Services Identification Screening
Return to the school counselor by due date _____.

Student Information

Name _____ Age _____

Grade Level _____ Campus _____

Teacher(s) _____

Previous nomination in PFISD? Yes or No If so what year? _____

Previous nomination by teacher, school, or parent? _____

Nominating Information

If by CogAT or Kinder Screener, Score: _____

If by Adult, Name of nominating adult: _____

Relationship to student: _____

How long have you known this child? _____

For which area(s) of strength is the student being nominated? *(check all that apply)*

- Language Arts/Social Studies
- Math/Science

Students not identified as eligible for GT services during the annual screening/identification period may be referred during another nomination window. Screening of students may only occur once during the same school year.

Reasons for GT Referral

In your own words on the back or on a separate document, please explain the following statement:

I am referring this student for Gifted and Talented Services because:
