

## EISD Gifted and Talented Program: TRANSFER REFERRAL FORM

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

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

EISD School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Homeroom/Advisory Teacher: \_\_\_\_\_

My child was served by the Gifted and Talented Program in \_\_\_\_\_ (previous district). I understand that the following guidelines must be met in order for my child to be considered for admission to the Eanes ISD GT program:

- GT file from previous district including test scores (*For example: CogAT, OLSAT, KBIT, WISC, Torrance, other assessments measuring creativity and/or intellectual ability*)
- File needs to be sent directly to the Eanes ISD school your child will be attending

Previous School: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Previous School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

GT Teacher/Contact for GT Program: \_\_\_\_\_

Email for Contact for previous school's GT Program: \_\_\_\_\_

Once the Referral Form and completed file from the previous school district is received by the campus, the student will be assessed following Eanes ISD GT guidelines (*during the Eanes ISD academic school year*). Placement decisions will be made within six weeks of receiving the completed Referral Form which includes the GT file from the previous district.

Parent Name (please print): \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Current Home address: \_\_\_\_\_

I give consent for my child, the above-named student, to be assessed for the GT program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the school office or campus GT specialist.**