Standardized AIG Referral Form

Student Information:

- **Name: _____**
- **Grade: _____**
- **School: _____**

Referring Party (Check One):
☐ **Student**
☐ **Parent/Guardian**
☐ **Teacher**

Reason for Referral:
(Provide specific details on observed strengths, academic performance, and any relevant achievements)

Supporting Documentation (Attach if available):
☐ **Standardized test scores (EOG, EOC, PSAT, SAT, ACT, AP)**
☐ **Report cards/transcripts**
☐ **Teacher recommendation form**
☐ **Student work samples**
☐ **Other: _____**

Parent/Guardian Consent for Screening (Required for Further Evaluation):
I permit my child to be screened for potential AIG identification.
Signature: _____ Date: _____