

Ganado ISD

Gifted/Talented Program Referral Form

I, _____, as parent/guardian/teacher/community member
(Please print) (Please circle one.)

would like to refer _____, who is currently in Grade ____,
(Print student's name)

to be included in the Ganado ISD Gifted/Talented **screening and assessment process**. I believe this child has an extraordinarily high level of intellectual or academic ability and that his/her educational needs can best be met by Gifted/Talented Services. I understand the school district will make every effort to determine the best possible educational services based on the student's educational needs. Likewise, I am aware that assessment can only occur with written permission from the student's parent or guardian.

Signature of Referring Party

Date

I, _____, as parent/guardian of the referred child, give permission for my child to be assessed for the Gifted and Talented Program.

If my child qualifies for the Gifted and Talented Program, I give my permission for my child to be served in the Gifted and Talented Program.

Signature of parent/guardian

Date