

ITASCA INDEPENDENT SCHOOL DISTRICT
GIFTED EDUCATION PROGRAM
Referral Form

To refer a student for the Itasca Gifted Education Program, please complete this form and return it to the school by _____.

Assessment information will be obtained for each referred student, including:

- State Assessment (when available)
- Abilities/Achievement test results
- Teacher evaluation
- Parent evaluation
- Student Portfolio (when applicable)

The campus Selection Committee will review the assessment information and will determine the need for placement in the GT program, based on guidelines established by the district.

STUDENT INFORMATION:

NAME _____ GRADE _____

TEACHER _____ BIRTHDATE _____

PARENT(S) _____ PHONE _____

Parent Email: _____

Your relation to this student:

____teacher ____parent ____other (explain) _____

Please briefly explain why you believe that the academic needs of this student would best be met by inclusion in the Gifted Education Program. You may write on the back of the page, if you need more room. (NOTE: If you are a parent or a teacher, you will have the opportunity to complete an evaluation that will provide additional information, so your response to this section of the form does not need to be lengthy or detailed).

SIGNATURE: _____ DATE: _____