



# PARIS SCHOOL DISTRICT

## Gifted and Talented Program

### Referral Form

Please complete a separate form for each referred student.

Student's Name \_\_\_\_\_

Current grade \_\_\_\_\_

Student's current home room teacher/advisor \_\_\_\_\_

Referral is being made by:

Parent     Teacher     Peer     Self     Community Member

Why do you believe this student is a good candidate for the Gifted and Talented Program?

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How do you believe this student will benefit from the GT Program?

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Referred by \_\_\_\_\_