Jacksboro Independent School District
Gifted and Talented
Referral Form

Student's Name: _____

Grade: _____ Teacher: _____

I, _____, as parent/guardian/teacher/community member
(Please print) (Please circle)
would like to refer _____ for the Gifted/Talented screening
(Print student's name)
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.

_____ _____
Printed name of person making the referral Signature

_____ _____
Relationship to the nominee Date

Please return to the campus Principal or the G/T Coordinator by January 31st