

Pocahontas Schools Gifted and Talented Program

Community Referral Form

Student's name_____

Student's grade_____

Date of birth_____

Name of parent or guardian_____

Your relationship to the student_____

Your address_____

Your phone_____

In the space below, explain why you feel that this child should be in the Gifted and Talented program. Please be specific. Tell how you feel that this child is above average in the areas of: academic ability, creativity, and/or task commitment and motivation. Please list any special interests, talents, or abilities this child may have. If you need more space, attach additional sheets of paper.

Signature_____

Return this form to the child's school office when completed.

