

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Gosnell School District Special Services Department  
Referral Form For the Gifted and Talented Program

Directions: The form must be fully completed. All information is needed in order to give a full description of the child and their talents/gifts. Please do not leave any of the information blank.

Date of referral: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for referral:

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Description of academic performance:

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Description of creative behavior:

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Any additional information:

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Referral Form completed by::

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Gosnell School District Special Services Department  
Informed Consent and Authorization for Evaluation for  
Gifted and Talented Program

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Authorization is hereby granted to Gosnell District #6 to:

\_\_\_ Conduct individual evaluations on my child required by the school district.

If previously placed in GT in another school district:

\_\_\_ Release the following information to a third party:  
Gifted and Talented Test Information

Name of Third Party(former school student was placed in): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date