

**Cutter Morning Star School District
Gifted and Talented Educational Program**

7.00 Identification

Referral for Services Form

Name of student _____ Grade _____

Age _____ Birth date _____ Teacher _____

I believe that _____ exhibits exceptional ability or the potential to excel in one or more of the following areas: (Specific Academic Aptitude)

_____ Language Arts _____ Mathematics _____ Social Science/Humanities _____ Science

Statement of Evidence Observed in Student:

(Statement may include superior to very superior academic strengths observed in the classroom or at home; performance in academics, home/community work, or hobbies related to the person's gifts and talents.)

Person Nominating (Print)

Signature of Person Nominating

Title or Relationship to Student

Contact telephone number / Date