

Teacher Referral for Gifted Services Sheridan Schools

Send to Roy Wilson, GT/AP Coordinator, Central Office, 942-3135

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(((NOTE: Before nominating, please check past National Percentile Rankings on nationally-normed exams in student file. Generally, several scores should be in the high 90th percentiles and stanines 8 or 9.)))

Teacher: _____

Full Name of

Student: _____ Grade: _____ School: _____

M or F Age: _____ Birthday/Year: _____ Phone: _____

PARENT: _____ Email: _____

Home Address: _____

Which observed characteristics of giftedness cause you to nominate this child?

Is this child capable of work two or more years ahead of his/her peer group? _____

If so, in which area(s)? _____

List all efforts at differentiation of curriculum currently in use within your classroom to benefit this child.
