

Gifted Services Referral Form

Background Information

Name:		Grade:		Date:	
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Please check all areas that apply:

No	Yes	Math
		Student grasps concepts quickly
		Is able to apply concepts
		Could easily work independently, moving at a faster pace
		Needs math challenges and/or projects
		Works to potential and completes homework
		Has mastered most grade level standards
		Is able to do higher grade level concepts

No	Yes	Reading
		Student is able to make inferences easily
		Student is able to comprehend reading material at least two grade levels ahead
		Students lexile range or reading level is equivalent to two grade levels above
		Student is able to relate reading material to a broader context (life experience, other)

No	Yes	Writing
		Vocabulary exceeds the normal grade level
		Writing exceeds the grade level standards
		Student uses mechanics correctly most of the time
		Writing is creative and original
		Uses advanced sentence structure

No	Yes	General Characteristics
		Student 'thinks outside the box', employs original thinking regularly
		Student needs more than the current grade level offers to meet their level of challenge
		Shows gifted traits in areas other than academics

Signatures

Signature of person initiating referral:	
Position or relationship to child:	
Signature of person receiving referral:	
Date:	

Note: A parent may request assessment through any verbal or written means to the building administrator.

PLEASE RETURN TO GIFTED SERVICES OR BUILDING ADMINISTRATOR