Gifted/Talented Services Referral Form

Education Center International Academy Charter School District

Gifted/Talented Referral Form

I, _____, as parent/guardian/teacher/community
(Please print) (Please circle)

member would like to refer _____ for the Gifted/Talented
(Print student's name)

screening and assessment process. I believe this child has an extraordinarily high level of intellectual or academic ability and that his/her educational needs can best be met by Gifted/Talented Services. I understand the school district will make every effort to determine the best possible educational services based on the student's educational needs. This child is currently in grade _____.

_____

Signature of person making referral

_____

Date