Flippin School District

Gifted and Talented Education Program - Referral Form

Date:			9	
Student Nam	e:			
Birthdate:				
Teacher's Na	me:	Grade Level:		
Referred By:				
• Parent	• Teacher	• Self	• Student	
• Community	Member	• Other:		
Why do you classroom?	feel this child	l needs service	s beyond the regular	
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				_
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