



**Bryan Independent School District  
Gifted & Talented Referral Form  
2020 - 2021**

If there is a belief that a child is performing well above grade level or demonstrating exceptional strengths or talents, complete this form for a review of the child's performance and achievement in order to determine eligibility for gifted education services. The Campus Selection Committee will review assessment results, teacher and parent surveys, as well as other achievement data to determine eligibility for BISD Gifted and Talented Services.

After the committee reviews all information and makes a determination, parents will be notified and receive a copy of their student's assessment results.

**STUDENT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Student ID: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Current Campus: \_\_\_\_\_

**PERSON MAKING REFERRAL:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship to Student:  
 Parent  Student  Teacher  Community Member   
Other \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PERMISSION TO TEST** Parent permission is required in order to conduct the assessments that are part of the identification process. If the parent is completing this form, please sign below to indicate that you give permission for your student to be tested.

*\*\*If the parent/guardian is not the person completing this form, the school will send home a permission to test form to be completed by the parent/guardian. \*\**

As the parent/guardian of this student, I give my permission to complete GT testing.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to your campus GT coordinator (Becky Skelton, counselor).**

