



Gifted & Talented Referral

The purpose of this referral form is to inform the GT Facilitator about the student's current performance and your reasons for recommending GT services and/or programming. After reviewing this form the Facilitator *may* decide to bring the student for consideration to the building GT Review Team.

Student Name _____ Grade _____

Date _____ School _____

Person Completing Form _____

Phone _____ email _____

How do you know this student? _____

Describe why you are recommending this student; what sets them apart from others?

Describe how the student consistently meets or exceeds state standards compared to same-age peers.

Describe any opportunities this student has had in this area outside of the school setting (i.e., camps, workshops, classes, lessons, clubs, organizations, etc.).

SIGNATURE _____ DATE _____