

**Referral, Notice and Consent for Evaluation
for Gifted Services**
Big Horn County School District #2



Name of Student	DOB	Grade	Date

Section A: Referral

Name of person making the referral	Reason for referral (including supporting data, i.e. MAP/ACT scores)

Section B: Screening, Prescribed Interventions, Actions, and/or Determinations (optional)

The school has reviewed this referral, including a review of existing information pertaining to your child's performance in school. Following is a summary of screening results, prescribed interventions, actions, and/or determinations:

Interventions, Actions, Determinations	Date	Results
GRS Screener Administered? <input type="checkbox"/> Yes <input type="checkbox"/> No		See attached GRS Score Summary
Other:		
Other:		

Section C: Proposed Evaluation

The school proposes to evaluate your child for Gifted Education Services: Yes No

1. Areas the school proposes to evaluate:
<input type="checkbox"/> Academic Performance <input type="checkbox"/> None (provide reasons in box 2 below) <input type="checkbox"/> General Intelligence <input type="checkbox"/> Other: _____
2. Description of the proposed evaluation process or reason for not evaluating:
3. School official authorization for proposed evaluation:
<input type="checkbox"/> I authorize the proposed evaluation <input type="checkbox"/> I do not authorize the proposed evaluation
Principal's Signature _____ Date _____

Section D: Parent Consent for Evaluation

Complete this section and return this form.

Please check one box below to indicate your preference:

- I CONSENT to the proposed evaluation.
- I REFUSE consent for the proposed evaluation. I understand that my child will not receive gifted education services in Big Horn County School District #2.

Parent Signature _____ Date _____