

STUDENT REFERRAL FORM



Gifted and Talented Education Services

Student Name: _____

School: _____ Grade Level: _____

Generally, students who are performing 2 or more grade levels above their current grade and/ or scoring advanced on standardized test scores are good candidates for referral. Students who demonstrate exceptional performance in a talent area are also great candidates.

A student is eligible for identification when:

- The research based strategies and interventions for gifted students used in the regular classroom are inadequate to address the child's area(s) of strength, and the interventions require an intense and sustained amount of resources; **and**
- The student meets the definition for gifted according to state and district guidelines. (See <https://www.cde.state.co.us/gt/about>).

I believe that _____ is performing well above grade level or demonstrates exceptional strengths in the following areas. I would like his/her performance and achievement to be reviewed to determine eligibility for gifted education services.

Suspected Areas of Exceptional Ability (check all those that apply):

___ General Ability (critical and creative thinking, problem solving, learning aptitude)

___ Specific Academic Aptitude

___ Reading ___ Writing ___ Math ___ Science ___ World Language

___ Creativity

___ Leadership

___ Music/Visual Arts/Dance/Psychomotor/ Drama

(List specifics) _____

I feel this candidate should be nominated because of the following qualities:

___ I understand that assessments of ability or achievement may be administered to my child as part of the identification process.

Referrer's Signature

Date

Please mark appropriate box: ___ Self ___ Peer ___ Parent ___ Staff ___ Community member

Please return nomination form to the student's school office or GT Facilitator.
Thank-you.