

Student Referral form

Student Name: _____

School: _____ Grade Level: _____

Please mark appropriate box: Self Peer Parent Staff Community member

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) _____

Please provide examples of exceptional ability for the area(s) you checked above. Be sure to include the frequency of these examples and/or the intensity of behaviors.

How are your student's needs currently being met? Please explain or give examples.

Date received by Gifted District Coordinator _____

____ I understand that assessments of ability or achievement may be administered to this student as part of the identification process.

Referrer's Signature

Date

Please return nomination form to the student's school office or Gifted District Coordinator.

Thank-you.