

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 this student 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.