

School Union #93
Referral to Gifted & Talented Program
Teacher Form

Name of Student: _____ School: _____

Age: _____ Birthdate: _____ Grade: _____

Referred by: _____

Name of Parent/Guardian: _____

Address: _____

Phone: _____

Type of Referral

_____ General Intellectual Ability (All academic areas)

_____ Academic Aptitude (Check subjects that apply)

_____ English & Language Arts

_____ Math

_____ Science

_____ Social Studies

_____ Visual and Performing Arts

_____ Parent Referral for _____
(to be completed by GT Coordinator)

Relevant Data

Please list recent data that is relevant for this referral (ex: AIMSweb, Fountas & Pinnell, in class assessments, trimester grades, etc.)



NNAT2 Scores (To be completed by GT Coordinator):

Describe the reason for this referral:

How is this giftedness demonstrated within the school or classroom setting?

Please describe the measures you have taken to met the child's needs in their area(s) of suspected giftedness (i.e. personalized/differentiated assignments, varied teaching strategies, extension activities). What were the outcomes of these efforts?

What more do you feel (if anything) is needed beyond a differentiated classroom?

Describe any other factors which are relevant to this referral.

Return this completed referral to the GT Coordinator.