

Gifted and Talented

**REFERRAL INFORMATION**  
**PLEASE COMPLETE AND RETURN THEM TO HOPE ANGELL**

**STUDENT INFORMATION**

Student \_\_\_\_\_ Current Grade \_\_\_\_\_

Student's Birth Date \_\_\_\_\_

Student's Gender (circle) Female Male

Current School \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

School Attended Previous School Year: \_\_\_\_\_ (if different than current school)

Referred by: (circle one) Parent Teacher Student Other (please explain): \_\_\_\_\_

Has your child been tested for the gifted program previously? Yes / No

If yes, when? \_\_\_\_\_

What language is spoken in your home most of the time? \_\_\_\_\_

Does your child speak any languages other than English? \_\_\_\_\_

If yes, to what degree? \_\_\_\_\_

**PARENT INFORMATION**

Parent/Guardian Name \_\_\_\_\_

Address

City

Zip Code

Home Phone Number \_\_\_\_\_ Work Phone Number(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

I have read the assessment information included. I give permission for my child to be tested for the gifted program and for the Gifted Teacher to gather all necessary information to complete the assessment process.

Parent/Guardian Signature

Date



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Why do you believe your son/daughter requires gifted services?

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Other characteristics or circumstances that should be considered when determining if gifted services are required:

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