STUDENT REFERRAL FORM
and Consent to Test
Gifted and Talented Education Services
(Person making the referral will not fill out the highlighted areas)

Student Name: _________________________________________________________________   Date: _________
School: __________________________________________________________________   Grade Level:  ________

Generally, students who perform well above their current grade, demonstrate exceptional strengths, and/ or score 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:

(Parent/Guardian initials) ______ I understand that assessments of ability or achievement may be administered to this student as part of the identification process. The school district will be able to provide information about the results of the evaluation to immediate family members only. Please contact Amy Swartz at (970) 247-5411, ext. 1406 with inquiries.

________________________________________  __________________
Referrer’s Signature                           Date

________________________________________  __________________
Parent/Guardian Signature                      Date

Please mark appropriate box:  ____ Self     ____ Peer     ____ Parent/Guardian      ____ Staff     ____ Community member

Please return nomination form to the student’s school office or GT Facilitator.