



# Pettus Elementary School

**Karla Cypert**  
*Principal*

**Pete Ferrer**  
*Counselor*

**Melinda Leal**  
*Secretary*

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## Pettus Independent School District Gifted/Talented Referral Form

I, \_\_\_\_\_, as parent/guardian/teacher/community  
(Please print) (Please circle)

member would like to refer \_\_\_\_\_ for the Gifted/Talented  
(Print student's name)

screening and assessment process. I believe this child has an *extraordinarily high level of intellectual or academic ability* **and** that his/her educational needs can best be met by *Gifted/Talented Services*. I understand the school district will make every effort to determine the best possible educational services based on the student's educational needs. This child is currently in grade \_\_\_\_\_.

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Signature of Person Making Referral

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Date

