



VICTORIA INDEPENDENT SCHOOL DISTRICT

Office of Advanced Academics

102 Profit Drive • P.O. Box 1759

Victoria, TX 77902

361-788-9269 FAX 361-788-9642

Gifted and Talented Program Identification Referral

Please complete this form to refer a student for identification screening to be a participant in the Gifted and Talented Program in Victoria Independent School District. Please **print or type** all requested information and return to the Office of Advanced Academics.

The deadline for referrals is Friday, October 5, 2018. This is the only referral period during the 2018-19 school year.

Student's First Name _____ MI _____ Last _____

Grade _____ Campus _____

Student ID #: _____ Date of Birth: _____

Parent's Current Mailing Address: _____
Street or P. O. Box _____ Apt. # _____

City _____ Zip Code _____

Home Phone Number: _____

Please write a short narrative explaining why you are nominating this student for G/T identification.

Signature of Person Making Referral _____

Printed Name of Person Making Referral _____

Email Address _____

Phone Number _____

Date _____

Relationship to Student: Parent Teacher Peer Self (6th-12th grade) Other: _____

Note: Upon receipt of this referral form, parents will be sent a letter through the mail requesting permission to test. Without the permission letter **signed and returned by Friday, November 9, 2018**, students will not be tested during this school year. Parents should contact the Office of Advanced Academics if, for any reason, they do not receive the permission letter.