

**Floresville ISD Gifted and Talented Program
Parent Referral Form 2018/2019
Students in 1st - 12th Grade**

**Floresville ISD is in the process of accepting referrals for the G/T program.
Check all statements that describe your child most of the time.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Asks many questions | <input type="checkbox"/> Enjoys learning | <input type="checkbox"/> Is highly curious |
| <input type="checkbox"/> Already knows information | <input type="checkbox"/> 1-2 repetitions for mastery | <input type="checkbox"/> Good guesser |
| <input type="checkbox"/> Constructs abstractions | <input type="checkbox"/> Thrives on complexity | <input type="checkbox"/> Initiates projects |
| <input type="checkbox"/> Is keenly observant | <input type="checkbox"/> Manipulates information | <input type="checkbox"/> Draws inferences |

You may write on the reverse or attach additional written information.

1. Why do you think your child may require gifted and talented services?

2. What special talents and skills does your child demonstrate?

3. In what types of advanced thinking skills and activities does your child engage?

I give permission to have my child assessed for possible identification for the Gifted and Talented program by a member of the Fisd professional staff or a Fisd contracted test administrator. By signing this form I understand that if my child is identified for Gifted and Talented services he or she will begin services. Parents will be notified and given the opportunity to opt out of services if they choose. **Test forms and scoring documents are considered secure documents and will not be viewed by or released to parents/guardians.**

Student's full name: _____

Teacher's name: _____ Grade level: _____

Parent/Guardian name (print): _____

Parent/Guardian signature _____ Date _____

Please complete this form and return to your child's campus by March 29th.