

**Hallettsville Independent School District Gifted/Talented Services**  
**Referral Form**

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

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

Gifted/Talented 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