Yellville-Summit Gifted and Talented

Parent Referral Form

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeroom (1st Hour) Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the area(s) in which you think your child has special abilities or talents and tell why you think they have special abilities or talents in these areas.

AREAS

\_\_\_\_\_\_ General Intellectual Ability \_\_\_\_\_\_ Art

\_\_\_\_\_\_ Math \_\_\_\_\_\_ Music

\_\_\_\_\_\_ Science \_\_\_\_\_\_ Drama

\_\_\_\_\_\_ Social Studies \_\_\_\_\_\_ Dance

\_\_\_\_\_\_ Language Arts \_\_\_\_\_\_ Creativity

\_\_\_\_\_\_ Reading \_\_\_\_\_\_ Leadership

Include supporting evidence describing projects or activities with which your child has been involved, books your child has read, or any other experiences your child has had to support the areas which you checked above.

Additional comments that could help placement decisions: