

**Gifted Student Identification  
Referral & Permission to Assess  
Form**

Student: \_\_\_\_\_ District: \_\_\_\_\_

Building: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

Is referred for assessment as a gifted learner in the following area(s):

	<b>Reason</b>
<input type="checkbox"/> Superior Cognitive Ability	_____
<input type="checkbox"/> Specific Academic Ability	_____
<input type="checkbox"/> Mathematics	_____
<input type="checkbox"/> Reading	_____
<input type="checkbox"/> Social Studies	_____
<input type="checkbox"/> Science	_____

Signature of Person Initiating Referral	Position or Relationship to Child	Date

I understand that if I grant permission, my child will receive assessment(s) by designated school personnel. The information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of the results of this assessment.

***Please be aware that gifted identification does not necessarily place your child into gifted programs at this time.***

- Permission is given to conduct the assessment(s)
- Permission for further assessment is denied

Signature of Parent/Guardian	Phone	Date

**PLEASE RETURN TO THE BUILDING PRINCIPAL**