



## Sterling City ISD

### Gifted/Talented Services Referral Form

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

would like to refer \_\_\_\_\_ for the Gifted/Talented screening and  
(Print student's name)

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 participation in 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 \_\_\_\_\_.

\_\_\_\_\_  
(Signature of person making referral)

\_\_\_\_\_  
Date