

HARMONY PUBLIC SCHOOLS

GIFTED & TALENTED PROGRAM

GIFTED/TALENTED REFERRAL FORM

I, _____, as teacher/professional/community member
(Please print) (Please circle)

would like to refer _____ for the Gifted/Talented
(Print student's name)

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 _____.

Signature of person making referral

Date