

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

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

member 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