



## Gifted Education Referral

### Student & Referral Information

Student Name:	School:	Grade:
Date of Referral:	Initiated By:	Teacher:
Area of Suspected Exceptionality:	Has student received prior interventions? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Parent Information

Parent Name: _____	Phone Number: _____	Email: _____
Parent Name: _____	Phone Number: _____	Email: _____
Address: _____	City: _____	State: _____ Zip Code: _____

### Data Collection

Parent Observation Form sent to parents: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	Gifted Evaluation Scale (GES) given to teacher: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	Student Survey given to student: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
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### Additional Information

Briefly describe student's strengths: _____ _____
Briefly explain the reason for the referral: _____ _____