



REFERRAL FORM - Gifted and Talented Education Services

Student Name: _____

School: _____ **Grade Level:** _____

Students who demonstrate exceptional performance or potential in a talent or academic area may be candidates to receive gifted services. A student is eligible for identification when:

- The research based strategies and interventions used in the regular classroom are inadequate to address the child's strength area(s), and the interventions require an intense and sustained amount of resources; **and**
- The student meets the definition for gifted according to state and district guidelines. (See <https://www.cde.state.co.us/gt>).

I believe that _____ demonstrates exceptional strengths. I would like his/her performance and achievement to be reviewed to determine eligibility for gifted education services.

Suspected Areas of Exceptionality (check all those that apply):

General Intellectual Ability (critical and creative thinking, problem solving)

Specific Academic Aptitude

Reading

Writing

Math

Science

World Language

Social Studies

Specific Talent Aptitudes

Leadership

Music

Visual Arts

Dance

Psychomotor

Performing Arts

I am nominating the student for the following reasons:

I understand that assessments of ability or achievement may be administered as part of the identification process.

Signature of Referrer

Date

Please return this signed form to the school office or GT Facilitator.