ACADEMIC GIFTED AND TALENTED REFERRAL FORM Grades 3 - 11

The parent, student, teacher, or administrator making the referral should complete this form. This information is vitally important in the screening process of each nominee for the district's gifted and talented program. Thank you for your careful consideration of each student being screened. If additional space is needed for comments, please use the back of this sheet.

		Grade SS#		
		Telephone		
		to measure the characteristics of ANY OF THE ITEMS BLANK	of giftedness as displayed by the K.	
Scale:	3 – Frequently	2 – Occasionally	1 - Rarely	
Write the appropriate nu	mber in the blank following	g each item. Total the points fo	r all items.	
2. Asks a 3. Thinks 4. Dislike 5. Is oper 6. Does th 7. Likes s 8. Enjoys 9. Sees b 10. Is a ke 11. Shows 12. Exhibi 13. Conve 14. Likes t 15. Assum 16. Is pers 17. Has a g 18. Is mor 19. Seems	easily and quickly. lot of questions and is very logically and wants things is doing the same thing over a to new, unique ideas, nings in unusual ways, solving puzzles and problem novelty and variety, eyond what others see in steen, alert observer, skill in abstract thinking, its power to work independence in the seen of the see	to make sense. or and over. ms. ory, problems, etc. ently. bility. ring.		
	ТОТ	AL CHECKLIST POINTS	S	
omments:				
		Signature of Person	Completing Form	