

**Hondo Independent School District
Gifted/Talented Referral Form**

I, _____, as parent/guardian/family/teacher/community member
(Please print) (Please circle)

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

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 _____ and his/her teacher is _____.

Signature of person making referral

Date

Si prefiere la información en español, favor de ponerse en contacto con la escuela.