

BELLEVUE INDEPENDENT SCHOOLS
Gifted and Talented Program
Referral Information
PRIMARY TALENT POOL

NAME: _____ Grandview Elementary
GRADE: ___ DATE OF BIRTH: _____ REFERRING
TEACHER: _____

1. AREAS OF REFERRAL:

FOR USE BY SELECTION
COMMITTEE

_____ INTELLECTUAL: Complete Scales for Identifying Gifted
Students (SIGS) POINTS _____

_____ ACADEMIC: Complete SIGS POINTS _____
Check specific area(s): Reading _____ Math _____
Science _____ Social Studies _____

_____ CREATIVITY: Complete SIGS POINTS _____
Check specific area(s): Expression of Creative Ideas _____
Production of Creative Ideas _____ Creative Thinking _____
Other (specify) _____

_____ LEADERSHIP: Complete SIGS POINTS _____

_____ VISUAL & PERFORMING ARTS: Complete District
Form POINTS _____
Check specific area(s): Art _____ Dance _____
Music _____ Drama _____

2. FINDING OUT ABOUT YOU POINTS _____
Have the student complete Form C

3. **WORK SAMPLE** POINTS _____

Submit work samples that support your referral.
(This may include an original writing piece, portfolio piece,
art work, audio/video tape, list of leadership roles, etc.)

4. **RECOMMENDATION (Please check one.)** POINTS _____

- _____ HIGHLY RECOMMEND
- _____ RECOMMEND
- _____ RECOMMEND WITH RESERVATIONS

TOTAL POINTS: _____

RECOMMENDATION: _____

Please provide a short narrative explaining information about this child which you feel is pertinent to his/her identification as candidate for the Primary Talent Pool. Be sure that it addresses all areas of your referral.

RECOMMENDATION

NAME: _____

GRADE: _____

TEACHER: _____

SCHOOL: _____