

BELLEVUE INDEPENDENT SCHOOLS
Gifted and Talented Program
Referral Information (Grades 4 - 12)

NAME: _____ SCHOOL: _____ GRADE: _____
DOB: _____ REFERRING TEACHER: _____ DATE: _____

1. AREAS OF REFERRAL:

FOR USE BY SELECTION
COMMITTEE

___ INTELLECTUAL (Based on Assessments) POINTS: _____

___ ACADEMIC (Based on test scores) POINTS: _____

Check specific areas(s): Language Arts ___ Math ___
Social Studies ___ Science ___

___ CREATIVITY POINTS: _____

(Submit one (1) strong example that documents original ideas, products, or problem solving)

Check specific area(s): Expression of Creative Ideas ___
Production of Creative Ideas ___ Creative Thinking ___
Other (specify) _____

___ LEADERSHIP (List leadership roles) POINTS: _____

School Related Community Related

- 1.
- 2.
- 3.

___ VISUAL AND PERFORMING ARTS POINTS: _____

Check specific area(s): Dance ___ Music ___
Drama ___ Art ___

2. GIFTED EVALUATION SCALE (Hawthorne Educational Services, Inc.)

POINTS: _____

Complete all sections

3. FINDING OUT ABOUT YOU (Student - Form C) POINTS: _____

4. WORK SAMPLE (To be completed by G/T Instructor) POINTS: _____

5. 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 Gifted and Talented Program. Be sure that it addresses all areas of your referral.

RECOMMENDATION

NAME: _____

GRADE: _____

TEACHER: _____

SCHOOL: _____