



**Dorchester Four School District
Gifted and Talented Program**



Parent/Guardian Referral/Testing Request Form

This is a request for my child to be included in the screening process to determine whether he/she meets South Carolina State criteria for placement in the academically Gifted and Talented Program. I understand that the results of the testing will be used to determine eligibility for the Gifted and Talented Program for the 2018-2019 school year. I understand that requests for screening must be returned to the District by mail, postmarked **no later than October 13th**.

- Parents will be notified in the spring by letter regarding the results of the screening/evaluation process.
- Parents do not need to request screening for second grade students. All second grade students will be tested in November. You will be notified if your child qualifies for the Gifted and Talented Program.

Student Name _____ Date of Birth _____

School _____ Grade _____

1. Is your child new to Dorchester Four School District?

Yes

No

a. If "yes", please provide the name and address of your child's previous school:

School Name _____

Address _____

b. Has your child ever been identified as academically gifted and talented?

Yes

No

2. If testing is required to complete the assessment process, do you grant Dorchester Four School District the right to administer the appropriate test(s) to your child?

Yes

No

Date of Referral _____ Signature _____

Parent/Guardian Name _____ Contact Number _____

Please return form to:
Gifted/Talented Coordinator
Dorchester Four School District
500 Ridge Street St. George, SC 29477

Postmark Deadline: October 13, 2017