



Public Announcement of Referral Period

December 6, 2016

Odem Edroy ISD is now accepting referrals for students who may need Gifted/Talented services for the school year. This program is designed for students who exhibit intellectual and creative thinking abilities at an extraordinary level not normally served in the regular classroom. Services are provided only upon identification of educational needs of the student. Anyone wishing to refer a student attending Odem-Edroy ISD in kindergarten through twelfth grade this school year can print a form or go by the student's campus office and request a copy of the referral form. This form must be returned to the school counselor by January 16, 2017. Those unable to go by the school should call the campus school office and request that a form be sent to them.

El Aviso Público del Periodo de la Remision

December 6, 2016

ODEM Edroy ISD ahora está aceptando las remisiones para los estudiantes que pueden necesitar los servicios dotados/como por el año escolar. Este programa se diseña para los estudiantes que exhiben capacidades de pensamiento intelectuales y creativas en un nivel extraordinario servido no normalmente en la sala de clase regular. Los servicios se proporcionan solamente sobre la identificación de las necesidades educativas del estudiante. Cualquier persona que desea referir un estudiante que atiende Odem Edroy ISD en los grados de Kindergarten al grado 12 este año escolar puede imprimir la forma o ir por la oficina de la escuela del estudiante y solicitar una copia de la forma de la remisión. Esta forma se debe volver a la consejera de la escuela antes del 16 de enero de 2017. Si no puede ir a la escuela deben llamar la oficina de la escuela del campus y solicitar que una forma sea enviada a su direccion.

Gifted/Talented Services Referral Form

Odem Edroy Independent School District Gifted/Talented Referral Form

I, _____ as a parent/guardian/teacher/community member would like to refer _____

for the Gifted/Talented screening and assessment process. I believe this child has an extraordinary high level of intellectual or academic ability and this 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. My child is currently in grade _____.

Signature of person making referral

Date