



Bushland Independent School District
Gifted/Talented Services

Student Referral Form

I, _____, as parent/guardian/teacher/community member (circle one) would like to refer _____ for the Gifted/Talented screening and assessment process. I believe this child has an extraordinarily high level of intellectual or creative 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 _____.

Signature

Printed Name

Date

Return to the administrative offices of your child's campus on or before December 20, 2016