



# JIM HOGG COUNTY

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## INDEPENDENT SCHOOL DISTRICT

### Gifted/Talented Services Referral Form

I, \_\_\_\_\_, as parent/guardian/teacher/community  
(Please print) (Please circle)

member would like to refer \_\_\_\_\_ for the  
(Print student's name)

Gifted/Talented screening and assessment process. I believe this child has an  
extraordinarily high level of intellectual or academic 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 of person making referral

\_\_\_\_\_  
Date