

# Gifted Education Referral Form

Name of Student: \_\_\_\_\_  
School: \_\_\_\_\_  
Name of Person Initiating Referral: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Date of Referral: \_\_\_\_\_ Relationship: \_\_\_\_\_

The above named student is being referred for possible identification in the following areas (check areas for further assessment):

- Superior Cognitive Ability
- Specific Academic Ability (Please indicate subject area):
  - Reading/Writing
  - Mathematics
  - Science
  - Social Studies
  - Creative Thinking Ability
  - Visual or Performing Arts Ability

Reason(s) for Referral:

- Grade card reflects mostly A's
- Unchallenged with regular curriculum
- Asks/Answers questions above and beyond same age peers
- Enjoys studying and/or performing topics out of school
- Writes/Creates using detail and originality Describe:

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For any of the reasons marked above, please add any additional information describing your reason for referring this student:

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\_\_\_\_\_  
Signature of Person Initiating Referral

\_\_\_\_\_  
Date

Please Return Form to:  
Quitman County School System  
Attention: Director of Gifted Education  
Amye Murdock  
215 Kaigler Road, Georgetown, Georgia 39854

