**Holly Springs School District Gifted and Talented Program**

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**Referral Form**

Students can nominate themselves for gifted and talented services or they may be nominated by parents, peers, counselors, or teachers. Information from the nomination will be used as one of the sources of data to determine the student’s educational needs.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person nominating the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What prompted you to initiate the referral?

What qualities or characteristics do you observe that you believe are exceptional?

Please reflect on the social and emotional well-being of the student-relationships and/or interactions with peers, siblings, parents, others.

Has the student been referred previously for the intellectually gifted program?

Does the student have any disabilities/problems that should be considered when selecting appropriate assessment measures?