



SMCISD G/T Education Program
Self/Parent/Community Member Referral Form
Deadline: November 1st

Directions: The parent must complete the information below to refer his/her child to be tested for the G/T education program. Submit the completed form to the G/T Education Facilitator. Referrals will be accepted up to the deadline of **November 1st**. Any received after the deadline will be screened at the next testing period for the grade level.

Child's Name _____ Date _____

Grade Level _____ Teacher's Name _____

ID# _____ DOB _____

Ethnicity _____ Gender _____

Parents' Names _____

Mailing Address _____

Telephone # at Home _____ Cell _____

Email Address _____

Has child been tested for the program before? _____

Is the student receiving services from any special program? _____ **If yes**, circle the program. This is **very** important because it will determine how the test is given to the student.

Special Education 504 Dyslexia Bilingual Other _____

I give permission for my child to be tested for the G/T program.

Signature

Date