

**2017 Parent Referral Form
For Gifted and Talented Testing
Burleson Independent School District
Department of Gifted and Talented Services**

Student's Name: _____ Grade level: _____

School: _____ Teacher: _____ Date of Birth: _____

Parent's Name: _____ Phone: _____

Street Address: _____

City, State, Zip Code: _____

email address: _____

A Note to Parents:

*Any student in grades 2-12 is eligible for referral. However, only students who meet the district's requirements will qualify for services. We recognize that all children have gifts and talents, but when we refer to "gifted" in an academic context, we are aligning with the federal definition of giftedness which states: "The term 'gifted and talented,' when used with respect to students, children, or youth, means students, children, or youth who give evidence of high achievement capability in such areas as intellectual, creative, artistic, or leadership capacity, or in specific academic fields, **and who need services or activities not ordinarily provided by the school in order to fully develop those capabilities.**" - See more at:*

<http://www.nagc.org/resources-publications/resources/definitions-giftedness#sthash.yiSrtPhs.dpuf>

Many students are high achievers but are not by definition "gifted." If you feel your child may be in the intellectual top 3-5% of his/her age group, we encourage you to refer him/her for testing. You may obtain the referral form by contacting your child's teacher, the school's office, or online at www.burlesonisd.net.

The window for referrals begins January 3, 2017. The deadline for turning in forms is January 30, 2017. Please note that students who are nominated will be pulled from class several times for testing during late February/early March. Tests will be scored during March and April. The campus GT committees will meet in May to analyze data and determine whether or not the student meets district standards for GT. ***We will notify parents through mail of their child's qualification status the week after school is out for summer.*** Students who qualify will begin services during the 2017-2018 school year.

For more information on GT services, visit the district website <http://www.burlesonisd.net>

I give my consent for _____ to be tested in order to determine a need for gifted services for the 2017-2018 school year.

Parent's Signature: _____ Date: _____

Please read the descriptors below and mark each indicator with a number from 1-4 rating your child as: 1=not at all 2=occasionally 3=often 4=always or almost always

6.	Is intense	1	2	3	4
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7.	unusually high moral compass	1	2	3	4
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8.	highly creative	1	2	3	4
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9.	emotionally connects to the arts	1	2	3	4
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10.	has an unusually advanced vocabulary for age or grade level	1	2	3	4
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11.	Works with little direction	1	2	3	4
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12.	becomes truly absorbed in certain topics and spends hours studying them	1	2	3	4
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