

**2018 Parent Referral Form  
for Gifted and Talented Testing  
Burleson Independent School District**

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: [National Association for Gifted Children](http://www.nagc.org).*

*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](http://www.burlesonisd.net).*

*The window for referrals begins January 8, 2018. The deadline for turning in forms is January 26, 2018. Please note that students who are referred 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 qualify for gifted services. 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 2018-2019 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 2018-2019 school year.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent Survey

Circle the word in each pair that best describes your child. (Please do not answer "both." Choose the one that *best* describes your child. If you have additional information, please write it in the space provided below each pair.)

1. eager

receptive

---

---

---

2. interested

curious

---

---

---

3. good  
memorizer

good  
guesser

---

---

---

4. alert

observant

---

---

---

5. answers  
the questions

discusses  
the details

---

---

---

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
<hr/>					
<hr/>					

7.	unusually high moral compass	1	2	3	4
<hr/>					
<hr/>					

8.	highly creative	1	2	3	4
<hr/>					
<hr/>					

9.	emotionally connects to the arts	1	2	3	4
<hr/>					
<hr/>					

10.	has an unusually advanced vocabulary for age or grade level	1	2	3	4
<hr/>					
<hr/>					

11.	Works with little direction	1	2	3	4
<hr/>					
<hr/>					

12.	becomes truly absorbed in certain topics and spends hours studying them	1	2	3	4
<hr/>					
<hr/>					