

Gifted/Talented Services Referral Form

Odem Edroy Independent School District Gifted/Talented Referral Form

I, _____ as a parent/guardian/teacher/community
member would like to refer _____

for the Gifted/Talented screening and assessment process. I believe
this child has an extraordinary high level of intellectual or academic
ability and this his/her educational needs can best be met by

Gifted/Talented Services. I understand the school district will make
every effort to determine the best possible educational services based
on the student's educational needs. My child is currently in grade _____.

Signature of person making referral

Date