

# HARMONY PUBLIC SCHOOLS

## GIFTED & TALENTED PROGRAM

### GIFTED/TALENTED REFERRAL FORM

I, \_\_\_\_\_, as teacher/professional/community member  
(Please print) (Please circle)

would like to refer \_\_\_\_\_ for the Gifted/Talented  
(Print student's name)

screening and assessment process. I believe this child has an extraordinarily high level of intellectual or academic ability and that 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. This child is currently in grade \_\_\_\_\_.

\_\_\_\_\_  
Signature of person making referral

\_\_\_\_\_  
Date