

LCISD Gifted and Talented Program Referral Form

To give permission for your child to be considered for the LCISD Gifted and Talented Program, please complete **both sides** of this form and return it to your child's school. Thank you.

Child's Name _____ ID# _____

Child's Date of Birth ____ - ____ - ____ Current Grade Level _____

School _____ Teacher _____

Parent's Name _____

Mailing Address _____

City, State, Zip _____

Phone Numbers: Home (____) _____ Work (____) _____

E-mail _____

Permission for Testing and Placement

I give Lamar CISD permission to test my child, _____, for the Gifted and Talented Program. After testing, if my child is identified as needing Gifted and Talented services by the selection committee, I give Lamar CISD permission to place my child in the Gifted and Talented Program.

Parent's Signature _____

Date _____

For GT Facilitator Use Only

Date Distributed _____ Date Received _____

Referred By : _____

Parent Inventory

Compared to other children your child's age, how many of these descriptors fit your child? Please check ✓ the descriptors that you observe **regularly** in your child.

- Reasons Well (*good thinker*)
- Learns rapidly
- Has Extensive vocabulary
- Has an excellent memory
- Has a long attention span (*if interested*)
- Sensitive (*feelings hurt easily*)
- Shows compassion
- Perfectionist
- Intense
- Morally sensitive
- Has strong curiosity
- Perseverant in their interests
- Has high degree of energy
- Prefers older companions or adults
- Has a wide range of interests
- Has a great sense of humor
- Early or avid reader (*if too young to read, loves being read to*)
- Concerned with justice, fairness
- Judgment mature for age at times
- Is a keen observer
- Has a vivid imagination
- Is highly creative
- Tends to question authority
- Has facility with numbers
- Good at jigsaw puzzles

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