



Dorchester Four School District
Gifted and Talented Program
Referral Testing Request Form



This is a request for _____ to be included in the screening process to determine whether he/she meets South Carolina State criteria for placement in the academically Gifted and Talented Program. I understand that the results of the testing will be used to determine eligibility for the Gifted and Talented Program for the 2023-2024 school year. I understand that requests for screening must be returned to the District by mail, postmarked **no later than October 28, 2022.**

- Parents will be notified by letter regarding the student's recommendation for screening/evaluation.
- Parents will be notified in the spring by letter regarding the results of the screening/evaluation process.
- Parents do not need to request screening for second grade students. All second grade students will be tested in October. You will be notified if your child qualifies for the Gifted and Talented Program.

Student Name _____ Date of Birth _____
School _____ Grade _____

1. Is the student new to Dorchester Four School District?

Yes

No

a. If "yes", please provide the name and address of your Student's previous school:

School Name: _____

Address: _____

b. Has the student ever been identified as academically gifted and talented?

Yes

No

2. If testing is required to complete the assessment process, have you discussed this referral and possible testing with the parent or guardian?

Yes

No

Person making the referral: _____

Date of Referral _____ Signature _____

Parent/Guardian Name _____ Contact Number _____

Please return form to:
Mrs. Shelissa Bowman
Dorchester Four School District
500 Ridge Street St. George, SC 29477

Postmark Deadline: October 28, 2022