L.I.N.K
Referral Request

I would like to refer _____ for the
(student name)

Intellectually Gifted program (L.I.N.K) in the Union County School District.

Student Information

School: _____

Grade: _____

Teacher: _____

Name of Parent/Guardian: _____

Information for Individual making referral:

Name of individual making referral: _____

Role (teacher, parent, etc.): _____

Signature: _____

Date of referral: _____

Thank you for taking the time to make a referral. If you have any questions, please contact:

Caroline Ferguson
Gifted Education Coordinator
(662) 534-1960
Email: cferguson@union.k12.ms.us