



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 2021-2022 school year. I understand that requests for screening must be returned to the District by mail, postmarked **no later than October 25, 2021.**

- 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 November. You will be notified if your child qualifies for the Gifted and Talented Program.

Student Name _____	Date of Birth _____
School _____	Grade _____

1. Is your child new to Dorchester Four School District?

Yes
 No

a. If “yes”, please provide the name and address of your child’s pervious school:

School Name _____

Address _____

b. Has your child ever been identified as academically gifted and talented?

Yes
 No

2. If testing is required to complete the assessment process, do you grant Dorchester Four School District the right to administer the appropriate test(s) to your child?

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 25, 2021