



Nadaburg Unified School District, #81
Referral for Gifted and Talented Education

Referral Information:

Reason for Referral:

() Parent/Guardian Request () Teacher Request () Transfer

Name of person referring child: _____

Relationship to the child: _____

Please explain why the child is being referred for gifted testing:

Parent/Guardian Permission to Test:

Which school does your child currently attend? _____

What is your child's current grade level? _____

Who is your child's teacher? _____

Name of your child: (first) _____ (last) _____

Child's Date of Birth: _____

_____ I do give my permission to have my child tested for eligibility for gifted services.

_____ I do NOT give my permission to have my child tested for eligibility for gifted services.

Parent/Guardian name (print): _____

Parent/Guardian name (sign): _____

Parent/Guardian phone number: _____

Parent/Guardian email address: _____

Testing Accommodations:

Does your child have an IEP? _____ YES _____ NO Does your child have a 504? _____ YES _____ NO