



**Dorchester Four School District**  
**Gifted and Talented Program**  
**Parent 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 your child new to Dorchester Four School District?

Yes

No

a. If "yes", please provide the name and address of your child's previous 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?

Yes

No

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**