



Albany ISD

Gifted/Talented Services Referral Form

I, _____, as parent/guardian/teacher/community
(Please print) (Please circle)

member, would like to refer _____ for the
(Print student's name)

Gifted/Talented screening and assessment process. I believe this child has an extraordinarily high level of intellectual or academic ability and that his/her educational needs can best be met by participation in Gifted/Talented Services. I understand the school district will make every effort to determine the best possible educational services based on the student's educational needs. This child is currently in grade _____.

Signature of person making referral

Date