



*La Pryor ISD, Striving Towards Excellence*

**Gifted/Talented Services Referral Form**

**La Pryor Independent School District**

**Gifted/Talented Referral Form**

I, \_\_\_\_\_, as parent/guardian/teacher/community member would  
(Please print) (Please circle)

like to refer \_\_\_\_\_ for the Gifted/Talented screening and  
(Print student's name)

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 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

Dear Parent/Guardian,

Your child, \_\_\_\_\_, has been referred for testing to see if he/she would benefit from Gifted and Talented Services for *La Pryor* ISD. To receive proper services, your child will need to be assessed. The Gifted/Talented Committee will look at numerous