



Case #

Office of Gifted Programs
Harmony Grove School
District
2621 Hwy. 229
Benton, AR. 72015

Gifted & Talented
Parent Referral Packet

Please complete the packet in its entirety and return to your child's school, Attention: Jill Henley



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Gifted and Talented Referral Form

Child _____ Teacher _____ Grade _____

Is referred for possible identification as gifted in the following area(s):

Reason

Superior Cognitive Ability

Specific Academic Ability

- Mathematics
- Science
- Reading
- Social Studies

Creative Thinking Ability

Visual or Performing Arts Ability
(such as drawing, painting, sculpting,
music, dance, drama)

Continued on back
→



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Behavioral Characteristics Checklist

Many gifted children display some similar behavioral characteristics. Please mark an X for those you have observed in the child.

Behavior	X	Behavior	X	Behavior	X
Ability to read early		Wide range of interests		Keen sense of humor	
Large Vocabulary		Highly developed curiosity		Adventurous—a risk taker	
Ability to learn basic skills quickly with little practice		Shows interest in world problems		Highly imaginative	
Ability to retain a great deal of information		Enjoys learning new things and new ways of doing things		Not interested in details	
Easily bored with routine tasks		Interested in experimenting and doing things differently		Emotionally sensitive	

Name of Person Initiating Referral

Position or Relationship to Child

Date



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Permission to Collect Data

Date _____

Dear Parent/Guardian of _____,
(Child's Name)

A referral for your child has been received. We would like to assess your child to see if he/she qualifies to receive GT services. The assessment takes place over an extended period and is made up of multiple pieces of data. Your permission is needed to assess and evaluate your child's educational needs.

Please sign below and return to me as soon as possible.

Sincerely,
Jill Henley

- I **authorize** the Harmony Grove School District to include my child in the pool of students to be assessed. I grant permission for Harmony Grove School District G/T personnel to gather educational data on my child and to administer the screening instruments currently being used for G/T identification purposes. **I understand that referral is not an assurance of placement.**
- I **decline** the assessment of my child at this time.

Parent Name (printed)

Date

Parent Signature



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Parent Questionnaire for Gifted Referral

Student Name _____

1. Describe early indication of superior abilities (speech, literacy, interests, physical development, etc.)
2. Describe any significant problems your child has had (speech, emotional, hearing learning) ...
3. What special talents or skills do you see in your child?
4. What are your child's vocational aspirations—what does he/she "want to be"?
5. What are your educational and vocational expectations for your child?
6. What is your child's attitude toward school?
7. What special lessons, training, travel, or learning opportunities does your child enjoy outside of school?
8. What are your child's hobbies and special interests (collections, drama, sports, etc.)?
9. What are your child's reading interests (favorite books, types of books)?
10. Please list specific needs which you feel the school should address in meeting the educational goals for your child.
11. Please list any additional information you wish for us to know about your child.



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Student Demographics
Student information is strictly confidential.

Student Name:				
Address:				
Telephone Number:				
Grade/Teacher:				
Parent/Guardian Name(s):				
Child resides with: (circle one)	Mother	Father	Both Parents	Guardian(s)
If Guardian(s), relationship to child:				
Occupation of Parents/Guardian(s)				
Is Child a Military Dependent?	Yes	No		

Has the student been referred for the Gifted Program before?	Yes No
	If yes, at what school? _____
Date of birth: _____	Race: _____
Age: _____	Sex: Female Male

Schools Attended:	City and State	Dates