



## Referral Form for Gifted Testing

Requested by: \_\_\_\_\_ School Year: \_\_\_\_\_

Student Information: School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ ELD \_\_\_\_\_ IEP \_\_\_\_\_ 504 Other \_\_\_\_\_

**Gifted Testing History:** *(Student may only be tested once per calendar year)*

Has the child ever been tested or evaluated for a program for the academically talented? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Has the child ever been identified or enrolled in a gifted education program in another school or school district?

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Please attach any information that will verify previous testing results.

### Permission to Test

*This must be signed by the parent or legal guardian for testing to occur.*

Parent or Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

I give permission for my child to be evaluated with the CogAT and/or NNAT3 Test.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date