**Additional Information Needed to Refer Potential GT Students**

Referring Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Content Area:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Area(s) of Giftedness: (Music, Art, Language Arts, etc.)

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1. Within the area of giftedness, what are the student’s particular areas of strength?

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1. What evidence indicates that this student may be two standard deviations above other students in their area of giftedness?

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1. As a teacher, what are you doing in the classroom and beyond the classroom to support the student in their learning?

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1. Did you discuss the student’s accelerated needs with the parent/guardian? What was the date of the parent meeting/contact?

(**Parent contact is necessary for the student to move forward in the process!)**

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1. For purposes of assessment, please indicate if the student processes information through words. (ie. When the student is given an option, does (s)he choose to write in words or choose to draw a picture?)

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1. Does the student have difficulty with timed tests? Does the student need additional time to process the information on tests?

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***Please attach this to the GT Referral Form. Thanks!***