



*Clovis Unified School District*  
**GIFTED AND TALENTED EDUCATION**  
*"Children Are Our Most Precious Resource"*

**Parent/Guardian Referral Form**

*To be completed by parent or guardian*

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Your answers to these questions will help us better understand your child's unique abilities. Be specific and provide examples whenever possible. Please limit response to the space available on this form.

<p>1. Describe any <u>early signs of development</u> which you think might have indicated your child's superior intellectual ability or academic talent. Mention the event, your child's age, etc.</p>
<p>2. Describe things the student <u>currently does</u> which you think might indicate superior intellectual ability or academic talent.</p>
<p>3. Describe <u>specific interests</u> your child holds and the depth of pursuit on that topic (collections, projects, evidence of mastery of information, knowledge, skills, etc.)</p>

Please return the completed form to your **child's teacher or Miss Sewill's box (please do not interrupt classroom instruction) by 3:30 on September 29, 2017.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_