



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. Additional comments made me written on the back. Incomplete forms will not be accepted. Return the completed form to **Mrs. Cox's box in the office ONLY** by **2:45 on Friday, September 22, 2023**. Forms delivered to Mrs. Cox's will not be accepted.

1. Describe any early signs of development which you think might have indicated your child's superior intellectual ability or academic talent. Mention the event, your child's age, etc.

2. Describe things the student currently does which you think might indicate superior intellectual ability or academic talent.

3. Describe specific interests your child holds and the depth of pursuit on that topic (collections, projects, evidence of mastery of information, knowledge, skills, etc.)

Completed by _____ Date _____