



*Leading Today's Students. Preparing Tomorrow's Leaders.*

Lufkin Independent School District

**Referral Form & Permission for Testing**

Thank you for making the choice to refer your child for Lufkin ISD's gifted and talented program and services. The purpose of the LISD gifted and talented program is to identify and serve those students who demonstrate the potential to perform at remarkably high levels or who are already performing at remarkably high levels compared to other students their age, experience, or environment. Gifted and Talented services are an academic intervention intended to develop a gifted student's skills in self-directed learning, thinking, research, and communication and to give them opportunities to create innovative and professional products before graduating high school. In addition, LISD's gifted and talented services will address and support the social and emotional needs often experienced by gifted students.

Please fill out the following information (an electronic version can be found by going to Lufkin ISD's *Advanced Academics* webpage and selecting *Gifted and Talented*)

_____	_____	_____
Student's Last Name	Student's First Name	Middle Name
_____	_____	_____
Current Mailing Address	City State	Zip Code
_____	_____	_____
Primary Contact Number	Any Additional Number	Date of Birth
_____	_____	_____
Current School/Daycare	Homeroom Teacher	Current Grade

By filling out this information, I am referring my child, named above, and giving him or her permission to participate in the identification process for Gifted & Talented services, a process that includes testing. I also understand my child may not be considered for services until the **Parent Questionnaire** and **Teacher Perception Inventory** are received by the office of Advanced Academics. (Once the identification and selection processes are complete, you will be notified as to your child's qualification status.)

**Does your child receive any testing accommodations or modifications:** Yes/ No

**Please describe the testing accommodations your child receives:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian name (please print)

\_\_\_\_\_

Parent/Guardian Signature

*Note:* Please give the **Teacher Perception Inventory** and **cover letter** to a teacher who is familiar with your child's abilities.

Thank you very much for supplying this information. Return all forms to:

Lufkin ISD  
Gifted & Talented Program  
P.O. Box 1407  
Lufkin, Texas 75902