

WHITE OAK INDEPENDENT SCHOOL DISTRICT
A Heritage of Pride, Tradition, and Educational Excellence

Gifted/Talented Services Referral Form
White Oak Independent School District

I, _____, as parent/guardian/teacher/community member would like to refer _____ for the Gifted/Talented screening and assessment process. I believe this child has an extraordinarily high level of intellectual or academic ability and that his/her educational needs can best be met by Gifted/Talented Services. I understand the school district will make every effort to determine the best possible educational services based on the student's educational needs. This child is currently in grade _____.

Signature of person making referral

Date

Please return to Ashley McClanahan, White Oak Elementary School, by Friday, March 1st