Gifted Education Services (EXCEL)

Parent Referral Form (Grades 3-12)

Please Print

Student Name: ____________________________________________ Date of Birth: ______________________

School: ___________________ Grade: _____ Teacher: ___________________

Parent(s)/Guardian(s) FULL Name: ________________________________________________________________

Address: ___________________________________________ Phone: (H) __________ (C) __________
email: __________________________________________ email: ____________________________________

Name of Person Initiating Referral ________________________________________________________________

Has your child been formally identified as eligible to receive gifted services and participated in a gifted
education program in another school division? ☐ Please Circle Yes ☐ No

If “Yes”, please complete the following information:

Name of School Division ____________________________ Name of School __________________________

School Address _____________________________________ School Phone __________________________
Date of identification _______________________________________________________________________

Parent/Guardian: You are referring your child as a candidate for Winchester Public School’s Gifted Education Program.
Before a decision can be made, additional assessment information may be needed. I understand that testing will be
administered by personnel of the Winchester Public Schools in group and/or individual settings.

Please check:

_____ I give permission to proceed with testing.

_____ I do NOT give permission to proceed with testing.

Signature __________________________________________ Date ______________________

Please return this form to your child’s school.

To be completed by school office: Date received __________________________ Please forward to:

M. Dempsey- J Kes (3-4) or J. Boula - CAO (5-12)