



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 _____