

**FOR CURRENT 2<sup>ND</sup> THROUGH 7<sup>TH</sup> GRADERS**

**Charles County Public Schools  
Gifted Education Referral Form**

To refer a student for gifted services, please complete this form and return to the school-based Learning Resource Teacher. An observation checklist to be completed by a parent will be sent home upon receipt. Responses must fit on this form; *attachments may not be submitted for initial referral*. Please type or print clearly.

*Student's Last Name	First Name	Date of Birth	Gender
*School Currently Attending	Current Grade	Parent/Guardian	
Home Phone	Work Phone		
Cell Phone	Email		

In the space provided below please explain why the child should be considered for gifted services. Please print.  
**(REQUIRED)**

\_\_\_\_\_  
Person Making Referral (Print)

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Person Making Referral (Signature)

\_\_\_\_\_  
Date of Referral