



# STUDENT REFERRAL

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent Name/Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Thank you for taking the time to refer this student. Please provide us with the following information:

1. Please list all standardized tests or other pertinent achievement data in the space below.
  
2. Is this child on an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is this child capable of independent work? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Please fill out attached *Teacher Checklist of Creative and Cognitive Characteristics*.
5. Please send home and collect the two parent documents:
  - a. *Permission to Assess* form
  - b. *Parent Checklist of Creative and Cognitive Characteristics*
6. Please collect all of this information and give to your school secretary or principal **by February 5, 2010**, so that this student can be included in the testing.