Sussex County Public Schools
Student Self-Referral
Gifted/Enrichment Program – General Intellectual Aptitude

Student’s Name ______________________________________________________ Date __________

School _____________________________________________________________ Grade ______

Check the area(s) in which you think you have special abilities or talents and tell why you think you have special abilities and talents in these areas.

Include supporting evidence. Describe projects or activities with which you have been involved, books you have read or any other experiences you have had to support the areas that you check.

___ General Intellectual Ability
___ Drama
___ History
___ Music
___ Dance
___ Leadership
___ Reading
___ Art
___ English
___ Math
___ Science
___ Creativity
___ Technology
___ Literary
___ Beta Club
___ Forensics