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

Student Name __________________________________________ Date _____________
School _______________________________________________ Grade __________

Instructions: This form should be used to refer a student to the Gifted/Enrichment Identification/Placement Committee. The person making the referral may be a teacher, parent, school staff member or community member. The completed form should be returned to the student’s principal or gifted resource teacher.

The Identification/Placement Committee will collect and review the following additional information before determining if the student is eligible to participate in the Gifted/Enrichment Program:
1. Test data of academic ability
2. Test data of academic achievement
3. Grades
4. Teacher’s observation of student’s classroom performance

Using any of the following, explain why you feel this student may be a potential candidate for the Gifted/Enrichment Program.

Ability indicators:

Achievement indicators:

Performance (grades and products):

Gifted learner characteristics:

Other:

Person Referring Student: ____________________________ Position: __________________