

**REQUEST FOR GIFTED EVALUATION**

Date \_\_\_\_\_

School District \_\_\_\_\_

I hereby request that \_\_\_\_\_ be screened/assessed for gifted identification.

Student's Current Grade Level \_\_\_\_\_

This student should be assessed in:

- |  |                                     |   |                                  |
|--|-------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Cognitive Ability | <input type="checkbox"/> Reading    | <input type="checkbox"/> Math                   | <input type="checkbox"/> Science |
| <input type="checkbox"/> Social Studies    | <input type="checkbox"/> Creativity | <input type="checkbox"/> Visual/Performing Arts |                                  |

Additional information about this student (optional):

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Signature of person making request \_\_\_\_\_

- Role:  Teacher       Parent       Gifted Intervention Specialist       Self
- Other adult       Other student

**PLEASE RETURN THIS FORM TO THE GIFTED TEACHER OR BUILDING PRINCIPAL AT THE CHILD'S SCHOOL.**