# Referral for Gifted Eligibility

A referral begins with a review of records. If your child has been in a gifted program in the past, please submit a gifted eligibility report with this form to the ALP teacher at your child’s school. Cobb County honors gifted eligibility established by all Georgia school districts. Students not currently eligible for Georgia gifted service may be referred by any individual with knowledge of the student’s abilities. If testing is appropriate the local school shall obtain written consent for testing from parents or guardians.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name | | |  | | | | | | | | DOB |  | | | |
|  | | | | | | | | | | | | | | | |
| Cobb School | |  | | | | Grade |  | | Student Number | | | | |  | |
|  | | | | | | | | | | | | | | | |
| Parent/Guardian Name | | | |  | | | | Phone Number | | | | |  | | |
|  | | | | | | | | | | | | | | | |
| Address |  | | | |  | | | | |  | | | | |  |
|  | Street | | | | City | | | | | State | | | | | Zip |

Student was previously enrolled in gifted program in:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School | |  | | | District | |  | |
|  | | |  |  | | | |  |
| City |  | | | | State |  | | |

I wish to refer the above student for consideration for gifted eligibility for the following reasons:

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Referring Individual’s Name Relationship to Student

Signature Date