



*Clovis Unified School District*  
**GIFTED AND TALENTED EDUCATION**  
**Parent/Guardian Referral Form** To be completed by  
parent or guardian

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Your answers to these questions will help us better understand your child's unique abilities. Be specific and provide examples whenever possible. Please limit response to the space available on this form. Return the completed form to Heather Devany at Woods Elementary by FRIDAY, OCTOBER 13

1. Describe any early signs of development which you think might have indicated your child's unique intellectual ability or academic talent. Mention the event, your child's age, etc.

2. Describe things the student currently does which you think might indicate unique intellectual ability or academic talent.

3. Describe specific interests your child holds and the depth of pursuit on that topic (collections, projects, evidence of mastery of information, knowledge, skills, etc.)

Additional comments on back.

Please return to Heather Devany at Woods Elementary School by: FRIDAY, OCTOBER 13

Completed by \_\_\_\_\_ Date \_\_\_\_\_