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**ELEMENTARY**

205 Spalding Drive  
 Griffin, Georgia 30223

Phone 770-229-3733 Fax 770-467-4635

## Request for Consideration of Gifted Services

<b>Student Name:</b> _____	<b>Date of Birth</b> _____
<b>Ethnicity:</b> _____	<b>Grade</b> _____
<b>Teacher:</b> _____ <b>School</b> _____ <b>Gifted Endorsed?</b> ___Y___N	
<b>Please explain any modifications concerning this student:</b> (Vision, hearing, special needs, I.E.P., 504 Plan, etc.) <u>If none, please write N/A.</u>	

### Things to Look For:

Achievement	Mental Ability	Motivation	Creativity
<b>Look For:</b> MAP: Reading and Math Classroom assessments	<b>Look For:</b> -ability to think critically, reason logically	<b>Look For:</b> -unusually persistent -independent -bored with common tasks	<b>Look For:</b> -risk taker -includes details in work -original ideas

Reasons why you are referring this student for gifted services (required):

### For Review Team Members only:

**Date of meeting:** \_\_\_\_\_

**Signatures:**

<b>Referral Type</b>  <input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Self  <input type="checkbox"/> Peer <input type="checkbox"/> Other	<b>Review Team Decision</b>  <input type="checkbox"/> Refer for possible screening <input type="checkbox"/> Wait <input type="checkbox"/> No further screening required at this time
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