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SECONDARY
 205 Spalding Drive
 Griffin, Georgia 30223
 Phone 770-229-3733 Fax 770-467-4635

Request for Consideration of Gifted Services

Student Name: _____	Date of Birth _____
Ethnicity: _____	Grade _____

Teacher: _____ **School** _____ **Gifted Endorsed?** ___Y___N

Please explain any modifications concerning this student: (Vision, hearing, special needs, I.E.P., 504 Plan, etc.) If none, please write N/A.

Things to Look For:

Achievement	Mental Ability	Motivation	Creativity
Look For: MAP: Reading and Math Classroom assessments	Look For: -ability to think critically, reason logically	Look For: -unusually persistent -independent -bored with common tasks	Look For: -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:

Referral Type <input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Peer <input type="checkbox"/> Other	Review Team Decision <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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