

**Nadaburg Unified School District No. 81
 Gifted and Talented Assessment Referral**

This form shall be completed by the person(s) requesting the child be considered for gifted assessment. The parent/guardian must sign the form regardless of whom is referring the child.

Child's Name	Date of Birth	Current Grade	SAIS ID Number
Primary Teacher	Campus	Prior Referral	Date of Referral

Data Indicators

Galileo Math	Galileo ELA	AzMerit Math	AzMerit ELA	DIBELS	
Math Grade	ELA Grade	Science Grade	Soc Studies Grade	Art	Music

Note: Low academic performance shall not prevent assessment, especially if child has an abundance of traits of giftedness criteria.

Traits of Giftedness-Check all that apply

<input type="checkbox"/>	Thinks Abstractly	<input type="checkbox"/>	Creative	<input type="checkbox"/>	Unusually emotional	<input type="checkbox"/>	Spontaneity
<input type="checkbox"/>	Likes problem solving	<input type="checkbox"/>	Sense of humor	<input type="checkbox"/>	Sensitivity/empathy	<input type="checkbox"/>	Boundless enthusiasm
<input type="checkbox"/>	Early reader	<input type="checkbox"/>	Fantasizes	<input type="checkbox"/>	High expectations of self	<input type="checkbox"/>	Intense focus
<input type="checkbox"/>	Voracious reader	<input type="checkbox"/>	Wide interest	<input type="checkbox"/>	Frustrates with others	<input type="checkbox"/>	Resist change
<input type="checkbox"/>	Expansive vocabulary	<input type="checkbox"/>	Intuitiveness	<input type="checkbox"/>	Very self-aware	<input type="checkbox"/>	Highly energetic
<input type="checkbox"/>	Intellectual curiosity	<input type="checkbox"/>	Flexible	<input type="checkbox"/>	Feels different	<input type="checkbox"/>	Constantly questions
<input type="checkbox"/>	Self-critical	<input type="checkbox"/>	Independent socially	<input type="checkbox"/>	Easily offended	<input type="checkbox"/>	Insatiable curiosity
<input type="checkbox"/>	Critical thinking	<input type="checkbox"/>	Unconcern of social norms	<input type="checkbox"/>	Advanced moral judgment	<input type="checkbox"/>	Impulsive
<input type="checkbox"/>	Goal directed	<input type="checkbox"/>	Radical thoughts	<input type="checkbox"/>	Idealism	<input type="checkbox"/>	Perseverance
<input type="checkbox"/>	Independent worker	<input type="checkbox"/>	Moral commitment to work	<input type="checkbox"/>	Keen sense of justice	<input type="checkbox"/>	Volatile temper
<input type="checkbox"/>	Diverse interest	<input type="checkbox"/>	Thinks concretely	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Non-stop talking
<input type="checkbox"/>	Variety of abilities	<input type="checkbox"/>	Highly organized	<input type="checkbox"/>	Daydreams/preoccupied	<input type="checkbox"/>	Prefers own interest

Person completing the referral: _____

2017-2018 Assessment Dates: 9/12, 9/14, 1/9, 1/11, 4/24, 4/26. Return 5 days minimum prior to testing week.

Parent/Guardian Permission to Test for Gifted Testing

I hereby grant permission for my child, _____, to be assessed by designated personnel of the Nadaburg Unified School District No. 81 using instruments approved by the Arizona Department of Education, and the Nadaburg Unified School District Governing Board, for the purpose of identifying if my child meets the criteria of being determined gifted. I understand within thirty (30) days of the assessment I will be notified if my child meets the criteria of gifted education.

Parent Signature _____ Date _____

Printed Name _____