



**GIFTED AND TALENTED PROGRAM REFERRAL  
FORM 2019 - 2020**

**Student:** \_\_\_\_\_ **Gender:** M F **Current Grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Attending School:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Person Making Referral:** \_\_\_\_\_

What prompted you to initiate this referral?

What qualities or characteristics do you observe that you believe are exceptional?  
(You may attach an additional sheet if necessary)

What other information do you wish to add?

**Permission for Testing and Placement**

I give Albany County School District #1 permission to test my child for the Gifted and Talented Program. After testing, if my child qualifies, my intent is to place my child in the 2018 - 2019 GATE program.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_