

**CHESTER COUNTY SCHOOL DISTRICT
CHESTER, SC
ACADEMICALLY GIFTED AND TALENTED PROGRAMS**

Parent/Teacher/Staff Referral Form

I am referring the student named below for consideration for placement in the academically gifted/talented program. I understand this referral will result in an assessment process to determine if the student meets SC state criteria for placement.

Student Name _____ ID Number _____

Grade _____ School _____ Date _____

****All sections and questions must be completed for referral to be accepted.****

1. Is this student new to the district? _____yes _____no
 - a. If “yes”, from what school and district did student transfer? _____
 - b. Was student identified as G/T in the previous school? _____yes _____no

2. What characteristics suggest to you that this student is a possible candidate for the GT program?

3. Please supply relevant test data using most recent scores:
 - a. MAP: Reading RIT _____/_____ % Math RIT _____/_____ % date: _____
 - b. PACT: Reading _____ Math _____ date: _____
 - c. Other (name) _____ Score(s) _____ date: _____
 - d. If there are any handicapping situations that should be taken into consideration in the assessment process, please describe them or mark N/A _____

Name of nominator _____ Title _____

Date _____ School _____

**Please give completed form to an ACCENT or GT teacher at your school or
send to Mrs. Dena Dunlap, Chester County School District Office, 509 District Office Drive, Chester,
SC 29706.**

