



GATES PARENT REFERRAL FORM

**WISCONSIN
RAPIDS
PUBLIC
SCHOOLS**

Student _____ School _____ Grade _____

This student is being referred for possible identification as gifted in the following area(s):

Please check all that apply:

Reason:

General intellectual ability

Specific academic area(s)

Mathematics

Science

Reading

Writing

Social Studies

Creative thinking

Visual or performing arts

Leadership

Use back of form if more space is needed.

Document supporting your referral may be attached to this form. Number of attachments _____

Name of person initiating referral

Relationship to student

Phone or Email

Signature

Date

Referral received by _____ Date _____

Please return completed form to school.
School personnel, please route form to GATES Coordinator