

WHITE OAK INDEPENDENT SCHOOL DISTRICT  
*A Heritage of Pride, Tradition, and Educational Excellence*

**Gifted/Talented Services Referral Form**  
**White Oak Independent School District**

I, \_\_\_\_\_, as parent/guardian/teacher/community member would like to refer \_\_\_\_\_ for the Gifted/Talented screening and assessment process. I believe this child has an extraordinarily high level of intellectual or academic ability and that his/her educational needs can best be met by Gifted/Talented Services. I understand the school district will make every effort to determine the best possible educational services based on the student's educational needs. This child is currently in grade \_\_\_\_\_.

\_\_\_\_\_  
Signature of person making referral

\_\_\_\_\_  
Date

Please return to Ashley McClanahan, White Oak Elementary School, by Friday, March 4th.