



**SSAISD GIFTED & TALENTED EDUCATION  
STAFF REFERRAL**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Campus \_\_\_\_\_ Referring Name \_\_\_\_\_

Please explain why you are referring this student for Talented and Gifted Services:

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This form must be submitted to the Office of Advanced Academics by October 29th. We will reach out to you soon to ask for a Slocumb-Payne survey to supplement this referral.

Signature \_\_\_\_\_ Date \_\_\_\_\_