

Cook County School District 130
Gifted Education Program
Parent Referral

Student Name _____ Birth Date _____
School _____ Grade _____
Address _____ City/State/Zip _____
Referred by _____ Relation to Student _____
Phone - Home _____ Work _____

Please consider my child for testing to determine eligibility in the Cook County School District 130 Gifted Education Program based on the following observations:

Parent Signature Date

Principal Signature Date

SCHOOL MUST COMPLETE THE INFORMATION BELOW:

1. TESTING FOR THIS STUDENT MUST BE DONE IN (CIRCLE ONE)
ENGLISH SPANISH
2. STUDENT HAS A SPECIAL EDUCATION IEP FOR (CIRCLE ONE)
SPEECH LDR OTHER _____
3. STUDENT IS IN (CIRCLE, IF APPLICABLE) TBE (FT or PT) TPI-ESL
Dual Language Program (Student is part of the TBE or Regular Ed)