

# GIFTED AND TALENTED EDUCATION

## SELF-REFERRAL RESPONSE

(To be filled out at school)

Date of Referral: \_\_\_\_\_ Grade \_\_\_\_\_

Your Name: \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ School \_\_\_\_\_

1. Tell us (either orally or in written form) why you feel that you should participate in the gifted program.

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2. Tell us about your talents, or things you are good at doing.

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3. Tell us about your interests, or things you like to do.

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Name of adult recorder: \_\_\_\_\_

Relationship to student: \_\_\_\_\_