

Tipp City Exempted Village Schools

Referral Form for Gifted Identification Screening

Please fill out all sections of this form and return it to the Office of Gifted Services at Tippecanoe Middle School to the attention of Tipp City Schools Gifted Coordinator. Individual screening for identification will be done during the fall or the spring with parental approval.

Student's Name _____

Name of Person Making the Referral _____

Relationship to Student _____

Parent's Name _____

Present School Attending _____

Home Room Teacher _____

Student Address _____

Student Phone Number _____

How long have you known this student? _____

Please write a description of observed characteristics of this student that led to this referral:

Signature

Date

Tipp City Exempted Village Schools

Referral Form for Early Entrance to School

Please fill out all sections of this form and return it to the Principal of the school the student will attend.

Student's Name _____

Name of Person Making the Referral _____

Parent's Name _____

Student Address _____

Student Phone Number _____

Student Birth Date _____

How long have you known this student? _____

How does this student relate to other children? _____

How does this student relate to new situations? _____

Please write a description of observed characteristics of this student that led to this referral: _____

Signature

Date

Tipp City Exempted Village Schools

Referral Form for Single Subject Acceleration

Please fill out all sections of this form and return it to the Principal of the school where the student is currently enrolled.

Student's Name _____

Name of Person Making the Referral _____

Relationship to the Student _____

Grade Level _____ **Home Room Teacher** _____

Parent's Name _____

Student Address _____

Student Phone Number _____

How long have you known this student? _____

What is the subject area under consideration, and what are current grades in that subject? _____

How does this student relate to other students? _____

How does this student relate to new situations?

Please write a description of observed characteristics of this student that led to this referral: _____

Signature

Date

Tipp City Exempted Village Schools

Referral Form for Whole Grade Acceleration

Please fill out all sections of this form and return it to the Principal of the school where the student is currently enrolled.

Student's Name _____

Name of Person Making the Referral _____

Relationship to the Student _____

Grade Level _____ **Home Room Teacher** _____

Parent's Name _____

Student Address _____

Student Phone Number _____

How long have you known this student? _____

List current grades for this student

How does this student relate to other students?

How does this student relate to new situations?

Please write a description of observed characteristics of this student that led to this referral:

Signature

Date

Tipp City Exempted Village Schools

Referral Form for Early Graduation

Please fill out all sections of this form & return it to the High School Guidance Counselor

Student's Name _____

Home Room Teacher _____

Parent's Name _____

Student's Address _____

Student Phone Number _____

Current GPA _____

Current credits earned toward graduation _____

Reason for requesting early graduation _____

List plans for completing all requirements for graduation _____

Student Signature

Parent Signature

Date