



Tuba City Unified School District No. 15
"Stronger Together"

Tuba City Unified School District
PO Box 67
Tuba City, AZ 86045
(928) 283-1076

Gifted Education Referral Form

Student Name: _____ Student DOB: _____
School: _____ Grade Level: _____
Person Referring: _____ Phone Number: _____
Relation to Student: _____

The student above is being referred for possible gifted identification in (check areas):

- Advanced Cognitive Ability
- Specific Academic Ability (Please indicate subject area):
 - Reading/Writing
 - Mathematics
 - Science
 - Social Studies
 - Other: _____
- Creative/Innovative Thinking Ability

Reason(s) for Referral:

- Report card reflects mostly A's
- Unchallenged by curriculum
- Asks/answers questions above same aged peers
- Enjoys studying/researching/reading outside of school
- Writes/creates using detail and originality
- Speaks with high level of verbal ability
- Accelerated pace of thought processes
- Can retain extraordinary quantity of information
- Demonstrates unique interests and curiosity
- Solves problems in diverse and novel ways

Describe reasons for referral in more detail (checked items above):

*Attach any additional documentation supporting student's exceptional abilities (Ex: grades, test scores, work samples, etc.)

Signature of Person Referring: _____ Date: _____

Please Return Form to: Tuba City Unified School District Office – Gifted Education Program

Attn: Tami Dugi, Gifted Coordinator & Teacher

928(283)-1179 | tdugi@tcusd.org