



TUBA CITY UNIFIED SCHOOL DISTRICT

P.O Box 67, Tuba City AZ 86045 | (928)283-1027/1006 Phone | (928)283-1200 Fax

www.tcusd.org

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 the curriculum
- ☐ Ask/answer 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 (grades, test scores, work samples, etc.)

Signature of Person Referring: _____ Date: _____

Return this form to: TCUSD District Office-Gifted Education Program

Attention: Dr. Marisa Soto-Harrison, Gifted Coordinator & Teacher

928-283-1021 | msoto-harrison@tcusd.org

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