

Gifted and Talented Placement

Student Name_____

Date_____

Grade_____

Referral by_____

G/T Area_____

An identification committee consisting of the staff and administrators listed below agreed to the following.

It was decided that this student would:

- ___ 1. Be placed in the program following approval by a parent/guardian.
- ___ 2. Not be placed at this time in the G/T Program.

Cindy Byers_____

Gifted and Talented Coordinator

Jamie Fuge_____

Gifted and Talented Coordinator

Teacher_____

Teacher_____

Administrator_____

Psychologist/Counselor_____