

EAST BATON ROUGE PARISH
GIFTED REFERRAL SOURCE

STUDENT NAME: _____ GRADE: _____

SCHOOL: WESTDALE HEIGHTS ACADEMIC MAGNET

STEP ONE:

Written, dated request to the school counselor directly, or through the teacher or principal.

I am requesting that my child be screened for the gifted program. I understand that Westdale Heights Academic Magnet does not have gifted services.

Signature of person requesting this testing:

Date: _____

STEP TWO: This child will be screened by the school counselor in a timely manner.

STEP THREE: The scores on the screening instrument determine passage or non passage. An SBLC is held. If the child did not pass no further action is taken. If the child did pass a full referral is requested from Pupil Appraisal.

STEP FOUR: The Pupil Appraisal Gifted Facilitator contacts parents and schedules student's evaluation date and time. Gifted evaluations are conducted at the child's school during the school year. Pupil Appraisal will communicate the findings to the parent.