

St. Lucie Public Schools  
Private/Home School Gifted Referral

**SECTION I: DEMOGRAPHIC INFORMATION**

Student Name		DOB	Grade
Ethnicity	Gender	School	Homeroom Teacher
Parent/Guardian Name		Parent/Guardian Phone & Email	
Address (Street, City, Zip)			

**SECTION II: ACADEMIC INFORMATION**

<b>Academic Assessment</b> (most recent) <b>Name of Assessment:</b>	<b>Reading</b> National Percentile Rank: <b>Math</b> National Percentile Rank: <b>Science</b> National Percentile Rank:
How does this student demonstrate a need for advanced curriculum? <i>Be specific.</i>	
Has the student had a hearing/vision screening completed within the last year? <i>Please check one.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this students' social maturity level above that of their classmates? <i>Please check one.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does this student work above regular class curricula? <i>Please check one.</i> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/>	
If you have any additional comments/information to add, please include that here.	

Form completed by: \_\_\_\_\_ Position: \_\_\_\_\_