



RETURN TO SCHOOL  
COUNSELOR BY:  
OCTOBER 7, 2022

# Montgomery ISD Gifted and Talented Student Referral Form and Consent for Testing

I, \_\_\_\_\_, student at \_\_\_\_\_  
(Student Printed Name) (Student Campus)

school would like to refer myself for Gifted and Talented testing.

In order for you to be considered for Montgomery ISD Gifted and Talented (GT) services, you must have your parent/guardian's permission. They are only giving permission for you to be evaluated for GT services. The first level of evaluation includes your parents completing the SIGS Home Survey. MISD will also administer assessments and gather data to make the best informed decision. All evaluations and assessments will be administered during the school day.

Please complete the information and answer the questions below.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In the space below explain why you believe you are requesting to be assessed for Gifted and Talented services.

What do you value most about learning?

I have completed the questions above and have my parent/guardian signature.

I, \_\_\_\_\_, give my permission for my child, named above, to be evaluated for Montgomery ISD Gifted and Talented services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Upon the counselor receiving your referral, the parent/guardian listed above will be provided with a SIGS Home Survey to complete. This will be due to your counselor by **October 17, 2022.**