

Anderson School District Two
Academic Gifted and Talented Programs

Referral Form

I am referring the student named below for consideration for placement into the academically gifted and talented program.

Student Name: _____

Grade Level: _____

School: _____ 9

Date: _____

1. Is this student new to the district? ___ Yes ___ No

If "yes" from what school district and school did this student transfer?

2. What characteristics suggest to you that this student is a good candidate for the gifted and talented academic program?

Signature of Referral Source

Relationship to Student

Date of Referral

All referrals must be submitted to Lana Major by September 30th.

Please send the completed form to the school guidance counselor or mail to:

**Lana Major
Anderson School District Two
10990 BHP Highway
Honea Path, SC 29654**