

Phelps Center for Gifted Education Student Referral Form

For office use
Date _____
Time _____
Tester _____

Name of student _____ Grade _____ Birth date _____
 Address _____ Zip _____
 Parent/Guardian name(s) _____ Contact # (____) _____
 Parent/Guardian email address _____
 School _____ Teacher _____

New to SPS district? Y / N Previous gifted program? Y / N Grade advanced? Y / N Which grade? _____
 Does student currently receive accommodations for any of the following: IEP, 504, or ELL/ESL? Y / N

When rating students, please think about the student in comparison to other children of similar age, experience, and/or environment

Use the following scale to indicate how frequently you observe the traits and behaviors listed in items 1 – 11.

6 = always 5 = almost always 4 = often 3 = sometimes 2 = rarely 1 = never

	6	5	4	3	2	1
1. Performs or <i>shows potential</i> for performing at remarkably high levels.						
2. Is sensitive to larger or deeper issues of human concern.						
3. Is self-aware.						
4. Shows compassion for others.						
5. Is a leader within his/her group of peers.						
6. Is eager to explore new concepts.						
7. Exhibits intellectual intensity.						
8. Effectively interacts with adults or older students.						
9. Uses alternative processes.						
10. Thinks “outside the box.”						
11. Has intense interests.						
12. Please indicate all content areas where the student shows talent. <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Creative Writing <input type="checkbox"/> Social Studies <input type="checkbox"/> Science <input type="checkbox"/> Foreign Language <input type="checkbox"/> Arts <input type="checkbox"/> Other : _____						
13. Any personal/social development or additional information concerning this student? 						

HOPE Scale/Jack Cook Kent Foundation 2007

 Signature Relationship to student Date

Please return completed form to: Phelps Center for Gifted Education
 934 S. Kimbrough Springfield, MO 65806
 Email to: cjgowers@spsmail.org
 Phone: (417)523-3300 Fax: (417)523-3395

Office use only	
Test Score / Tester / Date _____	Date Rec'd _____
W-5 _____/_____/_____	Student # _____
W-4 _____/_____/_____	
NNAT _____/_____/_____	
SAGES _____/_____/_____	