Cobb County School District **Form IHBB-1**

A community with a passion for learning!
Curriculum and Instruction
Advanced Learning Programs

REFERRAL FOR GIFTED ELIGIBILITY

Note to Parents/Guardians: If your child has been in a gifted program in the past, please contact the previous school and request that they fax or mail a gifted eligibility report to the Gifted Education Specialist at the Cobb school your child will attend. Any student who meets Georgia's eligibility criteria for gifted education service is eligible to receive gifted education service in the Cobb County School District.

Student's Name (Please Print): _____ DOB: _____

Cobb School: _____ Grade: _____ Student Number: _____

Parent / Guardian Name (Please Print): _____ Phone Number: _____

Address: _____
Street City State Zip

Student was previously enrolled in gifted program in:

School: _____ District: _____

City: _____ State: _____

I wish to refer the above student for consideration for gifted eligibility for the following reasons:

_____

_____

_____ _____
Referring Individual's Name (Please Print) Relationship to Student

_____ _____
Referring Individual's Signature Date

NOTE: "Local school systems shall obtain written consent for testing from parents or guardians of students who arte being considered for gifted education services." (Georgia Board of Education Rule 160-4-2-.38)

10/27/09