



WEST OSO INDEPENDENT SCHOOL DISTRICT
OFFICE OF CURRICULUM & INSTRUCTION
GIFTED & TALENTED EDUCATION PROGRAM



Referral(s) for Gifted/Talented Program

Date: _____

Grade _____

Name of Person Making Referral: _____

I hereby refer the following students for **consideration for placement** in the West Oso I.S.D. Gifted and Talented Program.

PLEASE PRINT

Student Name

ID #

Date of Birth
