



**ADVANCED ACADEMICS DEPARTMENT**  
16431 Lexington Blvd. Sugar Land, Texas 77479 281-634-1129

## 2016 Referral for Spring GT Testing

For Services in the 2016-2017 School Year

Fort Bend ISD offers evaluation for Gifted and Talented services in the spring for those students who were not enrolled when the annual identification process was being conducted. This includes students who enrolled in FBISD after September 29, 2015 when the referral process ended for fall testing, and for students who reside in the district but attend private or home schools. Assessment to determine need for GT services to private and home school students is provided as a courtesy to our community and is not required by the State of Texas.

**Eligibility Checklist:** Any student who meets all of the following criteria:

- Is entering 1<sup>st</sup> grade or above in the 2016-2017 school year (student must be 6 on or before September 1, 2016.)
- Resides in Fort Bend ISD
- Was not enrolled in Fort Bend ISD during the annual fall GT testing referral window

**Purpose:** To identify students for gifted and talented services in FBISD. Tests and both parent and teacher inventories are scored and the information plotted on our Gifted and Talented Identification Profile. This information is then given to the Selection Committee to determine if the student demonstrates a need for gifted and talented services in FBISD.

**Appeal Process:** If parents disagree with the decision, they may appeal by the date noted on the decision letter.

### Parent Checklist:

\_\_\_\_ Download, print, and complete the 2016 Referral for Spring GT Testing

\_\_\_\_ Check on eligibility:

I. \_\_\_\_ Is your child entering 1<sup>st</sup> grade or above for the 2016 – 2017 school year?

II.

A. \_\_\_\_ Do you live in Fort Bend ISD but your child does not attend a Fort Bend ISD school? (If the answer is yes, you need to provide proof of residency.)

Residency Documents Required when the referral form is returned include:

- \_\_\_\_ Student's original birth certificate, with embossed seal
- \_\_\_\_ Current, valid photo ID of parent with FBISD address listed
- \_\_\_\_ Current utility bill (gas, water, or electricity)
- \_\_\_\_ Current mortgage statement, or lease or deed
- \_\_\_\_ Student's last report card showing current grade level

B. \_\_\_\_ Does your child currently attend a Fort Bend ISD school and was your child enrolled after September 29, 2015? **(If the answer is yes, you do not need to provide proof of residency.)**

**Process:** Complete the Referral form and bring it and any required documentation to the FBISD Administration Building, Advanced Academics Department in Room 316 **no later than January 29, 2016.**

Parent and Teacher Rating Scales will be provided if the student is eligible for testing.

Mark June 7, 2016 on your calendar – **NO MAKE-UP TESTING WILL BE AVAILABLE**



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Please complete ALL information below: **(PRINT)**

**TEST DATE – June 7, 2016**

**Return this form and any required documentation to the Advanced Academics Department, Room 316 at the FBISD Administration Building no later than 4 pm on January 29, 2015.**

Student's name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's Gender: \_\_\_\_ Male \_\_\_\_ Female

Grade student will complete in **2015-2016**: \_\_\_\_\_ Grade student is going into for **2016-2017**: \_\_\_\_\_

My child currently attends (choose one):

\_\_\_\_\_ FBISD school \_\_\_\_\_  
(name of school)

Date you moved to FBISD: \_\_\_\_\_

**OR**

\_\_\_\_\_ Private/Home school \_\_\_\_\_  
(name of school)

Fort Bend zoned campus for 2015-2016 school year: \_\_\_\_\_

Results of the testing should be mailed to the following address:

Name of Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Parent/Guardian contact information:

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

My signature below indicates that I understand there is no make-up testing available for any reason. I hereby give Fort Bend ISD permission to test my child and placed in the program if identified as needing Gifted and Talented services.

\_\_\_\_\_  
**Signature of the parent/guardian**

\_\_\_\_\_  
**Date signed**