**CLARKSVILLE SCHOOL DISTRICT**

**Gifted and Talented Office**

**Amy Blackard, GT Coordinator**

**1901 Clark Rd.**

**Clarksville, AR 72830**

**479-705-3240**

[**amy.blackard@csdar.org**](mailto:amy.blackard@csdar.org)

**REFERRAL FORM**

All information on this form will be kept strictly confidential and will be used only by GT program personnel and the appropriate referral/placement committee.

I would like to refer this child for participation in the Clarksville School District Gifted and Talented Program. Among the reasons for this nomination are the following:

(You may use the back of this form or include attachments if needed.)

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Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_