

**Parent/Guardian Request for
Gifted and Talented (GT)/Advanced Academics Review in Grades 6-12**

(School)

Date: _____

Dear Review and Referral Team,

I would like my child, _____, grade _____, to be reviewed for GT/Advanced Academics instruction in the area of _____.

I believe my child requires GT/Advanced Academics instruction for the following reasons:

_____.

Thank you for responding to my request. I understand that I will hear from the Team within thirty (30) days.

(Print Name)

(Signature)

(Address)

(Phone Number)