

# STEP REFERRAL/APPLICATION FORM

This portion of the form can be completed by a: Guardian, Classroom Teacher, Administrator,  
or the STEP Facilitator only

Name of student: \_\_\_\_\_ Date: \_\_\_\_\_ Student ID # \_\_\_\_\_

School: Carden of Tucson

District: Charter – Carden of Tucson

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of person making referral (Print): \_\_\_\_\_

Signature of person making referral: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Please write the reason for your request

\_\_\_\_\_

Does the student wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the student have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

List allergies, if any:

\_\_\_\_\_

List any medications the student takes:

\_\_\_\_\_

Does the student have special needs to be considered for participation?

If Yes, please describe: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Has the student been referred previously for a gifted program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Date of prior referral \_\_\_\_\_