**GIFTED AND TALENTED STUDENT INFORMATION FORM**

**HARLAN COUNTY PUBLIC SCHOOLS**

**STUDENT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PARENT/GUARDIAN**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your student has been identified as gifted and/or talented in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

category. The Gifted Student Service Plan details how your student was identified as well as

the services that will be provided for your student. It is our mission to provide appropriate

service options based on your student’s needs, interests, and abilities. Please complete and

return this form in order to assist us in better serving your child.

1. Please list/describe any specific need your child may have. (Academically, medically, socially, emotionally)
2. Please list/describe particular interest(s) your child may have or an area he/she is passionate about.
3. Please list/describe any extraordinary abilities you believe your child may have.

\_\_\_\_\_ I request a change of service option and would like to discuss such change(s).