



# EL PASO INDEPENDENT SCHOOL DISTRICT

## Gifted Program Verification Form for Transfer Students

Name of Student: \_\_\_\_\_ EPISD Campus: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ EPISD Campus Phone: \_\_\_\_\_

*To Be Completed By The Sending District*

Program Name: \_\_\_\_\_ District/Campus: \_\_\_\_\_

Contact: \_\_\_\_\_

Program Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Grade Level(s) of Students Served: \_\_\_\_\_

Area(s) of Giftedness Served: \_\_\_\_\_

Educational Setting for Differentiation (Please check all that apply):

- \_\_\_\_\_ Within the Regular Classroom
- \_\_\_\_\_ Special Part-Time Class(es) Within the Regular School
- \_\_\_\_\_ Special Full-Time Class(es) Within the Regular School
- \_\_\_\_\_ Special Part-Time Class(es) Outside the Regular School
- \_\_\_\_\_ Special Full-Time Class(es) Outside the Regular School
- \_\_\_\_\_ Special School for Gifted and/or Talented Students
- \_\_\_\_\_ Other \_\_\_\_\_

Criteria Used for Student Identification:	Qualifying Score(s):	Student's Score:
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

**AUTHORIZED SCHOOL OFFICIAL MUST COMPLETE AND RETURN TO:**

EPISD Campus or District Contact: EPISD Advanced Academic Services

Address P.O. Box 20100

El Paso, Texas 79998-0100

Telephone: 915-779-4144 Fax: 915-772-4937