

**AIG REFERRAL FORM**

This form may be completed by any parent, guardian, community member or school personnel that has direct knowledge of the student. A student may nominate themselves. Please attach any pertinent documentation to this referral form and return to the appropriate school counselor or principal who will then forward it to the AIG Specialist for processing.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ School Year \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Parent's Email and phone number \_\_\_\_\_

Name of Person Making the Referral \_\_\_\_\_

Relationship to the Student \_\_\_\_\_

1. Please state the reason(s) for nominating this student for AIG services.
  
2. Characterize this student's learning style and show how their academic performance is above grade level.
  
3. Briefly describe this student's interests, habits or hobbies that set them apart from others of their same age and environment.
  
4. Describe this student's motivation to learn including extra-curricular school and community activities, club involvement and awards given.

Date Referral was received by AIG Specialist \_\_\_\_\_