

**WAUNAKEE COMMUNITY SCHOOL DISTRICT  
Parent/Guardian Referral for Pathways**

**PERSONAL INFORMATION**

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Parent(s)/Guardian(s) Names: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Your Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: Mother: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Work Phone: Father: \_\_\_\_\_

Continue on the back for any questions if needed.

1. In what area/areas does your child display unusual talent? Please give an example for each area.
  
  
  
  
  
  
  
  
  
  
2. Please share a brief account of your child's attitude toward school.
  
  
  
  
  
  
  
  
  
  
3. What are your child's learning needs as you see them?
  
  
  
  
  
  
  
  
  
  
4. Please list any activities your child is involved in outside of school that are related to the area(s) where your child displays advanced abilities.
  
  
  
  
  
  
  
  
  
  
5. The Waunakee Community School District has a team of personnel with the skills to develop effective programming to meet your child's educational needs. Please list any school district personnel you have talked with in the past year regarding your child's special abilities and needs.  
\*Although not required it is recommended you speak with your child's teacher prior to completing this form.

<b>FOR OFFICE USE</b>	<b>Date Received:</b> _____ / _____ / _____
<b>Copies to:</b>	<b>Curricular Area Teacher:</b> _____
<b>Pathways Specialist:</b> _____	<b>Building Principal:</b> _____
<b>Pathways Coordinator:</b> _____	<b>School Counselor:</b> _____

**PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE**