

Gifted Identification
Referral Form



Student: _____ **School:** _____ **Grade:** _____

Is referred for possible identification as gifted in the following area(s):

- Superior Cognitive Ability

- Specific Academic Ability
 - Mathematics
 - Science
 - Reading
 - Writing
 - Social Studies

- Creative Thinking Ability

- Visual or Performing Arts Ability
(such as drawing, painting, sculpting,
music, dance, drama)

Signature of Person Initiating Referral

Position or Relationship to Child

Date

Signature of Person Receiving Referral

Date

NOTE: A parent may request assessment through any verbal or written means to the building administrator.

Please return to: Ashley Shepherd, Director of Gifted Services
Western Buckeye Educational Service Center, P.O. Box 176 Paulding, OH 45879

*Possible reasons for the referral may include:

Grades/Progress Reports

Test Data

Portfolios/Exhibits/Student Work

Observation/Awards