

Gifted Identification Referral Form

Referred by: _____

(name)

- Teacher
- Parent
- Legal Guardian
- Other (specify) _____

Child's Name: _____ Date of Birth: _____

School: _____ Teacher: _____ Grade: _____

Legal Guardian: _____ Phone: _____

Address: _____

This student is referred for possible identification as gifted in the following area(s):

Reason

Superior Cognitive Ability

Specific Academic Ability

- Mathematics
- Science
- Reading
- Writing
- Social Studies

Creative Thinking Ability

Visual or Performing Arts Ability

(such as drawing, painting, music,
sculpting 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.