

South Range Local Schools

Copies: Parent
Student/Building File GI-1

GI-1

Referral Form

Child _____ School _____ Grade _____

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

Reason

Superior Cognitive Ability _____

Specific Academic Ability
 Mathematics _____
 Science _____
 Reading _____
 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 Phone 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 BUILDING PRINCIPAL

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