



**South Range Local School District**

**Gifted Referral Form**

Refer questions to **Shari Lewis**  
Director of Curriculum and Special Education  
330-549-4071 or [SLewis@southernrange.org](mailto:SLewis@southernrange.org).

Child \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_

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

**Reason**

- Superior Cognitive Ability \_\_\_\_\_  
\_\_\_\_\_
- Specific Academic Ability
  - Mathematics \_\_\_\_\_
  - Reading \_\_\_\_\_
  - Science \_\_\_\_\_
  - Social Studies \_\_\_\_\_
- Creative Thinking Ability \_\_\_\_\_  
\_\_\_\_\_
- Visual or Performing Arts Ability  
(such as drawing, music, drama,  
dance) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Initiating Referral

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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

**PLEASE RETURN TO BUILDING PRINCIPAL or SHARI LEWIS**