Gifted Education Referral Form

Student Name: _____ Birth Date:_____

School: _____ Grade Level: _____

Person Referring: _____ Referral Date: _____

Relationship: _____

The student above has a referral for possible gifted identification in (check areas):

☐ Superior Cognitive Ability

☐ Specific Academic Ability (Please indicate subject area):

☐ Reading/Writing ☐ Mathematics ☐ Science ☐ Social Studies

☐ Creative Thinking Ability

☐ Visual or Performing Arts Ability

Reason(s) for Referral:

☐ Grade card reflects mostly A's ☐ Unchallenged by regular curriculum

☐ Asks/answers questions above and beyond same age peers

☐ Enjoys studying and/or performing topics out of school

☐ Writes/creates using detail and originality

Describe: _____

_____

☐ For any of the reasons marked above, please add any additional information describing your reason for referring this student: _____

Signature of Person Referring: _____ *Date:* _____

Please Return Form to: Midwest Regional Educational Service Center

Attn: Erica Baer-Woods, Director of Student Achievement

129 E. Court St.

Sidney, OH 45365