



Austintown Local School District

Gifted Referral Form



Child _____ School _____ Grade _____

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

	Reason
<input type="checkbox"/> Superior Cognitive Ability	_____ _____ _____
<input type="checkbox"/> Specific Academic Ability <ul style="list-style-type: none"> <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Reading <input type="checkbox"/> Social Studies 	_____ _____ _____ _____
<input type="checkbox"/> Creative Thinking Ability	_____ _____ _____
<input type="checkbox"/> 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

Copies: ♦ Parent
 Student/Building File GI-1

GI-1