

<b>Western Reserve Local Schools</b> <b>Gifted Referral Form</b>
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Child \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Student Address: \_\_\_\_\_

\_\_\_\_\_ has been referred to 1) review information or 2) be assessed in the following area (please check box)  
 (Student's Name)

**Reason**

- Superior Cognitive Ability \_\_\_\_\_  
\_\_\_\_\_
  
- Specific Academic Ability
  - Mathematics \_\_\_\_\_
  - Science \_\_\_\_\_
  - Reading \_\_\_\_\_
  - Writing \_\_\_\_\_
  - Social Studies \_\_\_\_\_
  
- Creative Thinking Ability \_\_\_\_\_  
\_\_\_\_\_
  
- Visual or Performing Arts Ability  
 (i.e. drawing, sculpting, music, dance, drama) \_\_\_\_\_  
\_\_\_\_\_
  
- Subject Acceleration \_\_\_\_\_
  
- Grade Level Acceleration \_\_\_\_\_
  
- Early Entrance to Kindergarten \_\_\_\_\_
  
- Early Graduation from High School \_\_\_\_\_

Signature of Person Initiating Referral	Position or Relationship to Child	Phone	Date
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Signature of Person Receiving Referral	Date
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NOTE: A parent may request assessment through any verbal or written means to the building administrator.

PLEASE RETURN TO BUILDING ADMINISTRATOR

Copies: ♦ Parent  
 ♦ Student/Building File GI-1