



## Referral Form for Gifted Identification

Student \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email address \_\_\_\_\_

### **Potential Gifted Area: Reason for Referral:**

#### **Cognitive Ability**

\_\_\_\_\_ Superior Cognitive Ability

\_\_\_\_\_ Creative Thinking

#### **Specific Academic Area**

\_\_\_\_\_ Reading

\_\_\_\_\_ Math

\_\_\_\_\_ Science

\_\_\_\_\_ Social Studies

#### **Visual and Performing Arts (\*please list specific area)**

\_\_\_\_\_ Art\* \_\_\_\_\_

\_\_\_\_\_ Music\* \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Person initiating referral \_\_\_\_\_

Relationship to student \_\_\_\_\_

Parent Permission to test \_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian signature (required for testing)*

Return the completed referral to your child's building office, email to Gifted Services Coordinator, Mrs. Karen Boggs [kboggs@wayne-local.com](mailto:kboggs@wayne-local.com) or send by regular mail to Gifted Services Waynesville Elementary, 659 Dayton Rd, Waynesville, OH 45068