Ottawa Hills Local Schools
Referral Form: Gifted

Student ___________________________ School ___________________________ Grade _____ Class of _____

Address ___________________________ Phone ___________________________ Teacher ___________________________

Parent/Guardian ___________________________ Work Phone ___________________________ Date of birth ____________

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

Reason

☐ Superior Cognitive Ability

☐ Specific Academic Ability

☐ Mathematics

☐ Science

☐ Reading

☐ Writing

☐ Social Studies

☐ Creative Thinking Ability

☐ Visual or Performing Arts Ability

drawing/painting/sculpting

music

dance
drama

Signature of Person Initiating Referral ___________________________ Position or Relationship to Student ___________________________ Phone ___________________________ Date ____________

Signature of Person Receiving Referral ___________________________ Date ____________

ATTACH: Supporting data including standardized test scores if available.

PLEASE RETURN TO BUILDING ADMINISTRATOR

Gifted_Referral_2011