

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