

Gifted Education Program Referral Form River Valley

Student: _____ School: _____ Grade: _____

Teacher: _____ EMIS Number: _____

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

Reason

_____ Superior Cognitive Ability
(IQ—Mental Ability)

_____ Specific Academic Ability

- _____ Math
- _____ Science
- _____ Reading
- _____ Writing
- _____ Social Studies

_____ Creative Thinking Ability

_____ Visual or Performing Arts Ability
(Drawing, Painting, Sculpting,
Music, Dance and/or Drama)

Signature of Person Initiating Referral

Position or Relationship to Child

Date

Signature of Person Receiving Referral

Position

Date

Signature of Coordinator of Gifted Education

Date

NOTE: A parent may request assessment through any verbal or written means to the building administrator.

**PLEASE RETURN FORMS TO BUILDING ADMINISTRATOR
BUILDING ADMINISTRATOR, PLEASE RETURN TO COORDINATOR OF GIFTED EDUCATION**