

# Campbell City Referral Form

Child \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

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

## Reason

- Superior Cognitive Ability  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Specific Academic Ability
  - Mathematics \_\_\_\_\_
  - Science \_\_\_\_\_
  - Reading \_\_\_\_\_
  - Social Studies \_\_\_\_\_
  
- Creative Thinking Ability  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Visual or Performing Arts Ability  
(such as drawing, painting, sculpting,  
music, dance, drama)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Initiating Referral      Position or Relationship to Child      Phone      Date

\_\_\_\_\_  
Signature of Person Receiving Referral      Date

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

Please return to building principal.