

Gifted Identification Referral Form for Arcanum Butler Local School

Child _____ Grade _____ Date _____

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
 (such as drawing, painting, sculpting,
 music, dance, drama)

Please attach documentation supporting evidence for referral: grades, test scores, etc.

Signature of Person Initiating Referral	Position or Relationship to Child	Phone	Date
Date Referral was Received	Referral Received by (signature)		

PLEASE RETURN TO OFFICE