

# Aurora City School District

Committed to Excellence

## Aurora City Schools Gifted Identification Referral Form

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Date \_\_\_\_\_

Referral submitted by:

Teacher \_\_\_\_\_ Parent \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_

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

- Superior Cognitive Ability
- Reading       Mathematics       Social Studies       Science
- Creative Thinking Ability
- Music       Dance       Drama/Theatre       Visual Arts

**Explain why you are referring this student for identification.** Provide any evidence (grades, test scores, sample work, etc.) to support this referral.