

# Canfield Local School District

## Gifted and Talented Referral Form

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

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

	Reason
<input type="checkbox"/> Superior Cognitive Ability	_____ _____
<input type="checkbox"/> Specific Academic Ability	
<input type="checkbox"/> Mathematics	_____
<input type="checkbox"/> Science	_____
<input type="checkbox"/> Reading	_____
<input type="checkbox"/> Social Studies	_____
<input type="checkbox"/> Creative Thinking Ability	_____ _____ _____
<input type="checkbox"/> 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		

**PLEASE RETURN TO SPECIAL SERVICES OFFICE**