

**Boardman Local School District  
Gifted Referral Form**



Student \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Student Address \_\_\_\_\_  
Parent/Guardian 1 Phone number \_\_\_\_\_  
Parent/Guardian 2 Phone Number \_\_\_\_\_

Student is referred for possible identification in the following area(s):  
Please describe briefly the reason(s) for referral

Superior Cognitive Ability

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Academic Ability:

Math \_\_\_\_\_

Reading \_\_\_\_\_

Creative Thinking \_\_\_\_\_

Visual/Performing Arts \_\_\_\_\_

(Draw/Paint/Sculpt \_\_\_\_\_

Music/Drama/Dance)

Other \_\_\_\_\_

Signature of Referring Person \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Best Contact phone/email \_\_\_\_\_

Date of Referral \_\_\_\_\_

Date Received by Office \_\_\_\_\_

\*\*Please return to Mr. Jared Cardillo, Director of Instruction, Central Office