

Referred by: Parent Teacher Student Auxiliary Other \_\_\_\_\_ Title \_\_\_\_\_

## Bellefontaine City School District Gifted Referral Form – Pre-Assessment

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

### Talent Area(s)

This student is referred for possible identification in the following area(s):

Superior Cognitive Ability

Specific Academic Ability

Indicate specific subject(s):

Reading

Writing

Mathematics

Science

Social Studies

Creative Thinking Ability

Visual or Performing Arts Ability

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

### Reason(s) for Referral

Any of these may be checked for any of four areas identified

Mostly A's on grade card

Unchallenged with regular curriculum

Asks/Answers questions above and beyond same age peers

Writes/Creates using detail and originality. Describe:

\_\_\_\_\_

\_\_\_\_\_

Enjoys studying and/or performing topics out of school

Please be specific in describing your reason for referring this student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Initiating Referral

\_\_\_\_\_  
Position or Relationship to Student

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Note: Please fill out and return to:

Angie Horvath

Bellefontaine City Schools

Gifted and Talented

555 East Lake Ave.

Bellefontaine, OH 43311

Revised – 8/1/24