

*Franklin Monroe Local School District*

8591 Oakes Road  
Arcanum OH, 45304  
Angie Fugate, *Gifted Coordinator*  
[angela.fugate@fmlsd.org](mailto:angela.fugate@fmlsd.org)



**Gifted Assessment Referral Form**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The student listed above is being referred for testing for potential gifted identification in the following area(s):

\_\_\_\_ Superior Cognitive Ability

\_\_\_\_ Specific Academic Ability: \_\_\_\_math \_\_\_\_reading/writing \_\_\_\_science \_\_\_\_social studies

\_\_\_\_ Creative Thinking Ability

\_\_\_\_ Visual & Performing Arts: \_\_\_\_art \_\_\_\_band \_\_\_\_choir \_\_\_\_drama \_\_\_\_dance

Is this child a potential candidate for acceleration/above-grade-level testing? If so, in which academic area(s)?

\_\_\_\_math \_\_\_\_reading/writing \_\_\_\_science \_\_\_\_social studies

Comments/Reasons for Referral:

\_\_\_\_\_  
Signature of the person initiating the referral

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return to the building principal and/or Angie Fugate at [angela.fugate@fmlsd.org](mailto:angela.fugate@fmlsd.org)

\*Parent(s)/Guardian(s) permission is required to be on file before any assessment(s) may be given.