Person Receiving Referral:		GI 1/2-R
Copies: Student/Building File		
F	Referral Form	
Referral Source (check): Teacher Parent	Legal Guardian Other (specify)	
Signature:	Phone:	Date:
	Identifying Data Social Security #	
Student	Date of Birth:Phone:	
Address:		
Building of Current Attendance: Present Teacher(s):		ol Year:
Legal Guardian:Address:	• • • • • • • • • • • • • • • • • • • •	_ (W)
*A parent may request assessment through any Check area(s) of possible giftedness:	y verbal or written means to the building adr Pertinent Information – Strengths - Interes	
Superior Cognitive Ability		
Superior Segritave Asimty		
Specific Academic Ability		
☐ Mathematics		
Science		
Reading		
Writing		
Social Studies		
☐ Creative Thinking Ability		
☐ Visual or Performing Arts Ability		
(such as drawing, painting, sculpting, music, dance, drama)		

TO BE COMPLETED BY SCHOOL PERSONNEL

Assessment Data

Test	Age	Grade	IQ	R	W	M	S	SS	С	hecklist		VPA
												-
							II.		1		· ·	
Pre-Assessment R	esults:											
Assessment for So	reening I	Results:										
Assessment for Ide	entificatio	n Results:										
Assessment F	Recomi	mendatio	ns:									
Date Identified	Dat	e Placed	Areas of Giftedness in Accordance with Ohio Revised Code 3324.02									
			Sup	perior Co	gnitive A	bility						
			Specific Academic Ability (circle) R W M Sci SS								SS	
			Cre	Creative Thinking Ability								
Visual & Performing Arts Ability (circle) Dance Drama Music \							usic Vis	ual Arts				
Does the child understand the											attend r	_
A team met on					The	following	actions w	ere rec	omm	ended:		