

MORGAN LOCAL SCHOOLS

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Gifted Identification Referral

Student Name: _____ DOB: _____

School: _____ Grade: _____

Parent/Legal Guardian: _____ Phone: _____

I am this student's (Check one):

☐ Teacher ☐ Parent ☐ Legal Guardian ☐ Other: (Specify) _____

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

- ☐ Superior Cognitive Ability
- ☐ Specific Academic Ability
 - ☐ Mathematic
 - ☐ Reading
 - ☐ Science
 - ☐ Social Studies
- ☐ Creative Thinking Ability
- ☐ Visual or Performing Art Ability
(dance, music, art, etc.)

Other Comments/Notes:

Proud of Our Past, Focused on Our Future