Franklin Monroe Local School District

8591 Oakes Road
Arcanum OH, 45304
Angie Fugate, *Gifted Coordinator*
angela.fugate@fmlsd.org

Gifted Assessment Referral Form

Student Name: _____ Grade: _____ Student ID #: _____

Referred by: _____ Date: _____/_____/_____

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

_____ Superior Cognitive Ability

_____ Creative Thinking Ability

_____ Specific Academic Ability: _____math _____reading/writing _____science _____social studies

_____ 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:

_____ Date: _____/_____/_____
Signature of the person initiating the referral

Please return to the building principal and/or Angie Fugate at angela.fugate@fmlsd.org

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