



Gifted Identification Referral Form

Please submit completed forms to:

Derek Hatcher

Gifted Coordinator

83 North Oviatt St.

Hudson, OH 44236

Fax: 330-653-1368

hatcherd@hudson.k12.oh.us

Referred By: _____

Relationship to the student:

- ☐ Teacher
- ☐ Parent/Legal Guardian
- ☐ Student (self-referral)
- ☐ Other (specify)

Student Information

Student Name _____ Teacher _____ Grade _____

Parents/Guardians _____ Email _____

Address _____ Phone _____

Area(s) to be assessed

Cognitive and Academic Ability Areas

- ☐ Superior Cognitive Ability
- ☐ Creative Thinking Ability
- ☐ Reading
- ☐ Math

Visual and Performing Arts Ability Areas

- ☐ Visual Art
- ☐ Instrumental Music
- ☐ Vocal Music
- ☐ Drama
- ☐ Dance

Other Information you would like to share _____

Signature of Person Initiating Referral _____

Date Submitted _____

