



Keystone Local School District

Gifted Referral Form

STUDENT INFORMATION

Student: _____ Student ID: _____

School: _____ Grade: _____

AREA(S) OF POTENTIAL GIFTED IDENTIFICATION

POSSIBLE IDENTIFICATION AREA

- ☐ Superior Cognitive Ability
- ☐ Creative Thinking Ability

Specific Academic Ability:

- ☐ Math ☐ Reading
- ☐ Science ☐ Social Studies

REASON(S) FOR REFERRAL

- ☐ Seems unchallenged with regular curriculum
- ☐ Asks/answers questions beyond same-age peers
- ☐ Writes/creates using detail and originality
- ☐ Enjoys studying and/or performing topics out of school
- ☐ Earns mostly "A's" on grade card
- ☐ Other: _____

REFERRAL INFORMATION

Person Initiating Referral

Relationship

Phone

E-Mail Address

Signature

Date

ADDITIONAL OBSERVATIONS / SUPPORTING INFORMATION

Optional: classroom observations, assessment information, student interests, or examples of advanced performance.

Signature of Person Receiving Referral _____ Date _____

PLEASE RETURN TO:

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