



SPECIAL SERVICES DEPARTMENT

SHANNON MILLER, *Director of Special Services* • JEFF GRAN, *Secretary*

Gifted and Talented Referral Form

Child: _____ School: _____ Grade: _____

The above child is referred for possible identification as gifted in the following area(s):

- | | |
|---|--|
| ☐ Superior Cognitive Ability | ☐ Creative Thinking Ability |
| ☐ Specific Academic Ability | ☐ Visual or Performing Arts Ability |
| ☐ Reading | (such as drawing, painting, sculpting, |
| ☐ Mathematics | music, dance, drama) |
| ☐ Science | |
| ☐ Social Studies | |

Reason for Gifted Identification Referral:

_____ Signature of Person Initiating Referral	_____ Relationship to Child	_____ Phone	_____ Date
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Please return to Special Services Department

100 Wadsworth St., Canfield, OH 44406 • 330-702-7017 • canfieldschools.net

As a community, we educate, motivate, and innovate for individual lifelong success.