

Vermilion Local Schools Gifted Referral Form

Child _____ School _____ Grade _____

Student Address: _____

_____ has been referred to 1) review information or 2) be assessed in the following area (please check box)
(Student's Name)

Reason

- | | |
|--|---|
| ☐ Superior Cognitive Ability | _____

_____ |
| ☐ Specific Academic Ability <div style="margin-left: 20px;"> ☐ Mathematics
 ☐ Science
 ☐ Reading
 ☐ Writing
 ☐ Social Studies </div> | _____

_____ |
| ☐ Creative Thinking Ability | _____
_____ |
| ☐ Visual or Performing Arts Ability
(i.e. drawing, sculpting, music, dance, drama) | _____
_____ |
| ☐ Subject Acceleration | _____ |
| ☐ Grade Level Acceleration | _____ |
| ☐ Early Entrance to Kindergarten | _____ |
| ☐ Early Graduation from High School | _____ |

Signature of Person Initiating Referral

Position or Relationship to Child

Phone

Date

Signature of Person Receiving Referral

Date

NOTE: A parent may request assessment through any verbal or written means to the building administrator.

PLEASE RETURN TO BUILDING ADMINISTRATOR

Copies: ♦ Parent
 ♦ Student/Building File GI-1