

RIDGEMONT LOCAL SCHOOLS Gifted Education Referral Form

Child: _____ School: _____ Grade: _____

Is referred for possible identification as gifted in the following area(s)

Gifted Area:	Describe characteristics observed:
<input type="checkbox"/> Superior Cognitive Ability	_____ _____ _____
<input type="checkbox"/> Specific Academic Ability	_____
<input type="checkbox"/> Mathematics	_____
<input type="checkbox"/> Science	_____
<input type="checkbox"/> Reading/Language Arts	_____
<input type="checkbox"/> Social Studies	_____
<input type="checkbox"/> Creative Thinking Ability	_____ _____ _____
<input type="checkbox"/> Visual or Performing Arts ability (such as drawing, painting, sculpting, music, dance, drama)	_____ _____ _____

Signature of Person Initiating Referral

Position or Relationship to Child

Phone

Date

Name of Person Initiating Referral
(Please Print)

Signature of Person Receiving Referral

Date

**PLEASE RETURN TO BUILDING ADMINISTRATOR
OR COORDINATOR OF GIFTED SERVICES**