

**Put-in-Bay Local Schools
Gifted Referral Form**

Child _____ School _____ Grade _____

Student Address: _____

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

Reason

- Superior Cognitive Ability _____

- Specific Academic Ability
 - Mathematics _____
 - Science _____
 - Reading _____
 - Writing _____
 - Social Studies _____
- 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