

# Gifted Referral Form

I would like to nominate the following student for gifted services:

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Referred by:

- Parent/Legal Guardian  
  Teacher  
  Student  
  Peer  
  Auxiliary  
  Other

Superior Cognitive Ability

## Reason:

Specific Academic Ability

Grades, Progress Reports

Mathematics

Test Data

Science

Portfolios/Exhibits/Products

Reading

Observations/Awards

Writing

Other

Social Studies

Comments:

Creative Thinking Ability

Visual or Performing Arts Ability

(such as drawing, painting, sculpting,  
music, dance, drama)

Has previously participated in a Gifted  
Program

District \_\_\_\_\_

Grade \_\_\_\_\_

\_\_\_\_\_  
*Signature of Person Initiating Report*

\_\_\_\_\_  
*Position or Relationship  
to Child*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Person Receiving Referral*

\_\_\_\_\_  
*Date*

Note: Please fill out the attached checklist and return these forms to the principal's office.