



Engage, Equip, Empower

**Submit completed form to principal.**

- By October 31 for testing by December
- By March 31 for testing by May

## Referral for Gifted Testing

Student _____	Date submitted _____	
FIRST NAME _____	LAST NAME _____	
Grade _____	School _____	Birthdate _____
Person making referral _____		
FIRST NAME _____	LAST NAME _____	
Parent/guardian phone _____	email _____	
Parent/guardian signature _____		

**Requested Testing** (\*areas districts are required to assess for giftedness per Ohio law)

Superior Cognitive Ability\*       Creative Thinking Ability\*

Academic Talents:       Mathematics\*       Reading\*       Science       Social Studies

Arts:       Visual       Music/vocal       Music/instrumental       Drama       Dance

**Describe the student's abilities/talents, and state why you believe this student may be gifted in the area(s):**

### For Principal Use Only

Principal (initials/sig.) \_\_\_\_\_ Date referral received \_\_\_\_\_

Testing recommendation:  Cognitive     Creative     Academic \_\_\_\_\_     Arts \_\_\_\_\_

- Place form in student's Cumulative File
- Provide copy to the Director Personalized Learning