

Gifted Identification Referral Form

Referred by: _____

- Teacher
- Parent
- Legal Guardian
- Other (specify) _____

Child's Name: _____

Date of Birth: _____

School ID #: _____ Grade: _____

School: _____ Teacher: _____ Parent/Guardian Name: _____

Address: _____ Home Phone: _____

This student is referred for possible identification as gifted in the following area(s):

- Superior Cognitive Ability** Reason for testing : _____

Specific Academic Ability

- Mathematics** Reason for testing: _____
- Reading** Reason for testing: _____
- Science** Reason for testing: _____
- Social Studies** Reason for testing: _____
- Creative Thinking Ability** Reason for testing: _____
- Visual or Performing Arts Ability** Reason for testing: _____

**Please return to Nicole Dietrich or Kristen Rojas at
District Office 211 Donald Drive Fairfield, Ohio 45014**

I understand that by granting permission, my child may receive assessments by designated school personnel and that the results of this testing may be shared with teachers, principals, and other appropriate school personnel. I will also be informed of the results of any assessments as required by law.

Parent's Signature

Phone Number

Date