



Gifted Identification Referral Form	Referred by: _____ (name)
	<input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____

Child's Name: _____ Date of Birth: _____
Address: _____
Parent/Guardian: _____ Phone _____
Email address: _____
Teacher: _____ Grade: _____
School: _____

This student is referred for assessment for gifted identification in the following areas:

***Superior Cognitive Ability**

Specific Academic Ability:

- *Mathematics
- *Reading and/or Language Arts
- Science (after 3rd grade)
- Social Studies (after 3rd grade)

Creative Thinking Ability

Visual or Performing Arts Ability: Area(s) _____

- I give permission for my child to take any necessary assessment(s) in the area(s) checked above.

**Please be aware that students who are identified as gifted in Superior Cognitive Ability or the specific academic areas of reading and/or math will be served.*

Signature of Parent/Guardian

Date

Please return to your child's homeroom teacher or

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