



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/Writing
- Science
- Social Studies

* **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, Creative Thinking Ability, or the specific academic areas of **reading** and/or **math** will be formally served in grades 2-11 as per Euclid Schools District Plan for the Identification of and Services For Students Who Are Gifted*

Signature of Parent/Guardian

Date

*Please print and return to your child's homeroom teacher or email to
Beth Wilson-Fish, Gifted Consultant and Coordinator, Euclid City Schools ewilson-fish@euclidschools.org*