

*Gifted Screening/Identification  
Brown Local School District*

Referral Form

Child's Name: \_\_\_\_\_

Building: \_\_\_\_\_

Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Person Making Referral: \_\_\_\_\_

I feel this child is gifted in the following area(s) as recognized by the State of Ohio:

\_\_\_\_\_ Superior Cognitive: Very well informed and able to master material well and quickly in nearly all subject areas.

\_\_\_\_\_ Specific Academic: Very well informed and able to master material well and quickly in only ONE area, which is...  
\_\_\_\_\_

\_\_\_\_\_ Creative Ability: Ideas, which are creative or unusual and approaches problems and topics from a different point of view.

\_\_\_\_\_ Visual/Performing Arts: Ability is approaching the adult level in the following specific area(s): check all that apply...

\_\_\_\_\_ ART      \_\_\_\_\_ MUSIC      \_\_\_\_\_ DRAMA      \_\_\_\_\_ DANCE

\_\_\_\_\_ OTHER: \_\_\_\_\_

I feel this student is potentially gifted because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I also want you to know that this child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return completed referral form to the building principal.*