Cincinnati Public Schools
Instructional Support Team

Gifted Referral Form

Student ___________________________ School ___________________________ Grade ____

Is referred for possible identification as gifted in the following area(s):

☐ Superior Cognitive Ability

☐ Specific Academic Ability
☐ Mathematics
☐ Science
☐ Reading
☐ Writing
☐ Social Studies

☐ Creative Thinking Ability

☐ Visual or Performing Arts Ability
☐ Visual Arts
☐ Drama/Theater
☐ Music
☐ Dance

Reason or Evidence

Signature of Person Initiating Referral Position/Relationship to Child Phone Date

Signature of Person Receiving Referral Date

NOTE: A parent may request assessment through any verbal or written means to the Principal.

Form GI-1
Rev. 11/18/15
PLEASE RETURN TO PRINCIPAL

Copies to: School, Parent

Form GI-1
Rev. 11/18/15