



Cincinnati Public Schools
Instructional Support Team

Gifted Referral Form

Student _____ School _____ Grade _____

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

Reason or Evidence

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

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.

PLEASE RETURN TO PRINCIPAL

Copies to: School, Parent