Cincinnati Public Schools

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

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

PLEASE RETURN TO PRINCIPAL OR SCHOOL TEST COORDINATOR

Copies to: School, Parent