

Copies: Parent
Student/Building File GI-1

Cloverleaf Local Schools'
Gifted Identification Referral Form

Child: _____ School: _____ Grade: _____

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

- Superior Cognitive Ability (Check all that apply)
- Advanced vocab. Learns easily Reads intently Long attention span
 - Self-motivated Memory capacity Individualistic Independent
 - Variety of interests Alert & observant Other: _____
- Specific Academic Ability (Check all that apply)
- Reading**
- Decodes easily Long attention span Reads intently Advanced comprehension
 - Self-taught reader Above grade level Other: _____
- Mathematics**
- Advanced concepts Accurate computation High interest for in-depth understanding
 - Above grade level Other: _____
- Writing**
- Advanced vocabulary Complex writing Other: _____
- Science**
- High interest for in-depth understanding Advanced concepts
 - Reads/ talks about science topics on frequent basis Other: _____
- Social Studies**
- High interest for in-depth understanding Advanced concepts (maps, globes, cultures)
 - Reads/ talks about social studies on frequent basis Other: _____
- Creative Thinking Ability _____
- Visual / Performing Arts Ability _____
- (such as drawing, painting, sculpting, music, dance, drama) _____

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

Signature of Person Receiving Referral, Position Date

NOTE: A parent may request assessment through any verbal or written means to the building administrator.
PLEASE RETURN COMPLETED FORM TO BUILDING ADMINISTRATOR
Fall Deadline: prior to the last Friday in September Spring Deadline: prior to the last Friday in March