

**Referral Form for Gifted Identification**  
**Sheffield-Sheffield Lake City School District**

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

- Superior Cognitive Ability
- Specific Academic Ability
  - Mathematics
  - Reading/writing
  - Science
  - Social Studies
- Creative Thinking Ability
- Visual/Performing Arts Ability

**REASON**

- Seems unchallenged with regular curriculum
- Asks/answers questions above and beyond same age peers
- Writes/creates using detail and originality
- Enjoys studying and/or performing topics out of school
- Mostly A's on grade card
- Exceptional skills in Visual/Performing Arts
- Creative in thoughts and ideas
- Other – list below:

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

\_\_\_\_\_  
Name of Person Initiating Referral

\_\_\_\_\_  
Position or Relationship

\_\_\_\_\_  
Signature a Person Initiating Referral

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving Referral

Referrals Due October 15 (for Fall Assessment) April 15 Spring Assessment

Return form to Building Principal

