



Engage, Equip, Empower

Submit completed form to principal.

- By October 31 for testing by December
- By March 31 for testing by May

Referral for Gifted Testing

Student _____		Date submitted _____
FIRST NAME	LAST NAME	
Grade _____	School _____	Birthdate _____
Person making referral _____		
FIRST NAME		LAST NAME
Parent/guardian phone _____		email _____
Parent/guardian signature _____		

Requested Testing (*areas districts are required to assess for giftedness per Ohio law)

- Superior Cognitive Ability* Creative Thinking Ability*
- Academic Talents: Mathematics* Reading* Science Social Studies
- Arts: Visual Music/vocal Music/instrumental Drama Dance

Describe the student's abilities/talents, and state why you believe this student may be gifted in the area(s):

For Principal Use Only

Principal (initials/sig.) _____ Date referral received _____

Testing recommendation: Cognitive Creative Academic _____ Arts _____

- Place form in student's Cumulative File
- Provide copy to the district administrator who oversees gifted education