



**James A. Garfield Local Schools**  
**REFERRAL FOR GIFTED ASSESSMENT**

Name \_\_\_\_\_ Grade \_\_\_\_\_

This student is being referred for possible identification as gifted in the following areas:

Area	Reason
<input type="checkbox"/> Superior Cognitive Ability (problem-solving, abstract thinking, reasoning, memory, comprehension)	_____ _____ _____ _____
<input type="checkbox"/> Specific Academic Ability <ul style="list-style-type: none"> <li><input type="checkbox"/> Mathematics</li> <li><input type="checkbox"/> Reading</li> <li><input type="checkbox"/> Writing</li> <li><input type="checkbox"/> Science</li> <li><input type="checkbox"/> Social Studies</li> </ul>	_____ _____ _____ _____ _____
<input type="checkbox"/> Creative Thinking Ability (uniqueness, originality, and the ability to make something new, novel, and useful)	_____ _____ _____ _____
<input type="checkbox"/> Visual or Performing Arts Ability (Such as drawing, painting, sculpting, music, or drama)	_____ _____ _____ _____
<input type="checkbox"/> Child has special need and/or requires assessment adaptations.	_____ _____ _____

\_\_\_\_\_  
 Signature of Person Initiating Referral

\_\_\_\_\_  
 Relationship to Child

\_\_\_\_\_  
 Phone

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

\_\_\_\_\_  
 Date



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