

Gifted/Talented Identification Referral Form

Date _____
Child _____ DOB _____ Grade _____
Parent(s)/Guardian Name _____
Address _____
City, State, Zip _____
Phone (H) _____ (W) _____ Cell _____
Email _____
Classroom Teacher _____ School Building _____

Is referred for testing for potential giftedness in the following area(s):

Reason (Please give specific examples i.e.,
second grader reading at fourth grade level)

- Superior Cognitive Ability _____

- Specific Academic Ability _____
 - Reading, Writing or a combination
of these skills _____
 - Mathematics _____
 - Science _____
 - Social Studies _____

- Creative Thinking Ability _____

- Visual or Performing Arts Ability _____
(such as drawing, painting, sculpting,
music, dance, drama) _____

Signature of Person Initiating Referral Position or Relationship to Child Date

PLEASE RETURN TO:

Judy Withrow
Coordinator of Gifted Services
Findlay City Schools
2019 Broad Avenue
Findlay, OH 45840

Email: jwithrow@fcs.org