

# Struthers City Schools

## Referral Form

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

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

### Reason

Superior Cognitive Ability

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Specific Academic Ability

Mathematics

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Science

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Reading

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Social Studies

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Creative Thinking Ability

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

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

\_\_\_\_\_  
Position or Relationship to Child

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

### PLEASE RETURN TO BUILDING PRINCIPAL

NOTE: A parent may request assessment through any verbal or written means to the building administrator.