



Referral Form for Gifted Identification

Student _____ Grade _____

Home Address _____

Daytime Phone _____ Email address _____

Potential Gifted Area: Reason for Referral:

Cognitive Ability

_____ Superior Cognitive Ability

_____ Creative Thinking

Specific Academic Area

_____ Reading

_____ Math

_____ Science

_____ Social Studies

Visual and Performing Arts (*please list specific area)

_____ Art* _____

_____ Music* _____

_____ Other _____

Person initiating referral _____

Relationship to student _____

Parent Permission to test _____ Date _____

Parent/Guardian signature (required for testing)

Return the completed referral to your child's building office, email to Gifted Services Coordinator, Mrs. Karen Boggs kboggs@waynelocal.net or send by regular mail to Gifted Services Wayne Local Schools, 659 Dayton Rd, Waynesville, OH 45068