



South Range Local School District

Gifted Referral Form

Refer questions to **Jaclyn Disibio**

Director of Student Services

330-549-4071 or jdisibio@southrange.org

Child _____ School _____ Grade ____

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

Reason

- | | |
|---|-------------------------|
| <input type="checkbox"/> Superior Cognitive Ability | _____

_____ |
| <input type="checkbox"/> Specific Academic Ability | |
| <input type="checkbox"/> Mathematics | _____ |
| <input type="checkbox"/> Reading | _____ |
| <input type="checkbox"/> Science | _____ |
| <input type="checkbox"/> Social Studies | _____ |
| <input type="checkbox"/> Creative Thinking Ability | _____

_____ |
| <input type="checkbox"/> Visual or Performing Arts Ability
(such as drawing, music, drama,
dance) | _____

_____ |

Signature of Person Initiating Referral

Parent Signature

Date

NOTE: A parent may request assessment through any verbal or written means to the building administrator/teacher. If the parent signs and initiates the referral, assessment will be given to the child by SR or ESCEO personnel.

PLEASE RETURN TO BUILDING PRINCIPAL or Jaclyn Disibio