PARENT - STUDENT REFERRAL FORM FOR GIFTED IDENTIFICATION

Please CHECK who is Nominating	Parent	Peer	Self
Parent or Nominator's Name			
Name of School, City and State, conta	ct information if tran	sferred:	
Student Name	Current Grade		Graduation Year
Student ID#	Birthdate		
Teacher	School		
Parent Name	Parent Contact (Phone)		
Home Address			

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*** Please use the space below to indicate areas in which your child is being referred for gifted identification. Specific examples help to describe your child's abilities.

Superior Cognitive Ability

Please check all that apply as you have observed this child.

- Uses large vocabulary easily and accurately
- □ Recognized by peers and others for ideas, decisions, and direction
- Produces original or unusual products, solutions, or ideas
- Completes difficult tasks for age level
- Demonstrates a wide range of interests, or, an in-depth concentration on one
- □ Asks penetrating, often complex questions about causes and reasons
- Recognizes relationships, reasons things out, thinks clearly and comprehends meanings
- Grasps difficult concepts quickly, may resist routine tasks

Please indicate examples of your knowledge of this student's superior cognitive abilities:

Please continue on back side

	Specific Academic Ability				
	(Check all that apply)				
	Math Reading Writing Science Social Studies				
	Please check all that apply as you have observed this child.				
	 Learns easily and with less repetition in the circled academic area(s) Thinks deeply and shows curiosity in regard to the above-mentioned content area Shows outstanding factual and conceptual understanding in this subject Enjoys long-term, extended academic pursuits Initiates academic study, goes beyond requirements Is often asked for help or seen as an authority (by others) in this subject Works with above grade-level materials in this subject area Has ability to articulate ideas that display a higher level of functioning in this subject area Please indicate examples of your knowledge of this student's specific academic abilities: 				
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Ī	Superior Creative Thinking Ability				
Please check all that apply as you have observed this child.					
	□ Exhibits curiosity and keen observations about many things				
	□ Asks provocative questions, wants to know what makes things "tick"				
	 Displays a good deal of intellectual playfulness; imagines 				
	 Creates alternative and new approaches to problem solving 				
	□ Is nonconforming; is individualistic and does not fear being different				
	□ Displays keen sense of humor; sees humor in situations not seen as humorous by others				
	□ Is a high risk-taker, is adventurous and speculative				
	□ Has many different ideas or solutions to problems and questions				
	 Invents farfetched and/or unusual products 				
	Please indicate examples, i.e., contests, events, projects, ideas etc., in which this student has displayed unusual/outstanding creativity:				
	Please return this completed form to the school building administrator for signature.				
	Received hy				

Building Administrator: Please make copies, as needed, and send this referral to

Date Received _____

Central Office – Attention: Curriculum Dept.

(Building Administrator Signature)