

South Euclid-Lyndhurst City Schools
REFERRAL for GIFTED IDENTIFICATION

Student Name: _____

School: _____

Grade: _____

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

Reason	
€ Superior Cognitive Ability	_____ _____ _____
€ Specific Academic Ability	_____
€ Mathematics	_____
€ Science	_____
€ Reading	_____
€ Writing	_____
€ 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

Phone

Date

Name of Person Initiating Referral
(Please Print)

Signature of Person Receiving Referral

Date

PLEASE RETURN TO BUILDING PRINCIPAL