



KIRTLAND

Local School District

Gifted Identification Referral Form	Referred by _____ (name)
	<input type="checkbox"/> Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other

Child's Name: _____ Date of Birth: _____
 Address: _____
 Parent/Guardian: _____ Phone _____
 Email address: _____
 Teacher: _____ Grade: _____
 School: _____

This student is referred for assessment in the following area(s):

Superior Cognitive Ability

Specific Academic Ability

- Mathematics
- Science
- Reading and/or Language Arts
- Social Studies

Visual or Performing Arts Ability: Area(s): _____
Visual Art Dance Drama Music

I give permission for my child to take part in any necessary assessment(s) in the area(s) checked above.

Signature of parent/guardian _____
Date

*Please return to your child's homeroom teacher, building principal, or Tricia Ebner,
 Gifted Consultant and Coordinator, Kirtland Local School District*

tricia.ebner@kirtlandschools.org

Kirtland Local School District 9252 Chillicothe Road Kirtland, OH 44094 (440) 256-3311