



GIFTED EDUCATION SERVICES
332 DAYTON STREET HAMILTON, OH 45011
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GIFTED REFERRAL FORM

HAMILTON CITY SCHOOLS PROVIDE TWO OPPORTUNITIES PER YEAR FOR SCREENING AND ASSESSMENT IN THE PROCESS OF IDENTIFICATION OF GIFTED CHILDREN.

Student First Name _____ Student Last Name _____ School _____ Grade _____ I.D. _____

Referred by _____ Relationship to Student _____ Phone _____ Date _____

- Student has previously been identified as gifted in area(s) of _____
- Considerations that may affect testing Learning disabilities Limited English
- English as Second Language Other _____

Talent Area(s)	Reason(s) for Referral
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This student is referred for possible Identification in the following area(s):

- Superior Cognitive
- Specific Academic Ability

Indicate subject(s):
 Reading/Writing
 Mathematics
 Science
 Social Studies

- Creative Thinking Ability
- Visual or Performing Arts
 Indicate area(s)
 Visual Art
 Instrumental
 Voice
 Dance
 Drama

- Rapid Learning
- Early or avid reading
- Extensive vocabulary
- Discusses in detail, elaborates
- Advanced ability with puzzles or numbers
- Advanced problem-solving/ reasoning
- Unchallenged with regular curriculum
- Performs above age peers
- Vivid imagination
- Initiates projects
- Enjoys learning
- Other (Please be specific)

Reviewed by _____

Date _____