



# Eastwood Gifted Identification Referral Form

Eastwood Local Schools

*Gifted Services*

4800 Sugar Ridge Road

Pemberville, OH 43450

419-833-3611 ext. 1265

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

### REFERRED BY:

#### I am this student's (Check one):

Teacher    Parent    Legal Guardian    Other: (Specify) \_\_\_\_\_

#### This student 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving Referral

\_\_\_\_\_  
Date

*NOTE: A parent may request assessment through any verbal or written means to the building administrator.*