

Crestview Local School District
and
The Columbiana County Educational Service Center
REFERRAL FOR GIFTED/TALENTED IDENTIFICATION

I. STUDENT INFORMATION

Student's Name _____ Grade _____ Birth-date _____ Gender _____

Address _____

Parent/Guardian _____ Telephone _____

Building of Attendance _____

II. REFERRER'S INFORMATION

Please Check One:

Teacher/grade/subject area _____

Length of time you have known the student: _____

Parent/Guardian

Other (please specify) _____

Length of time you have known the student: _____

III. AREAS INDICATING EXCELLENCE AND/OR EDUCATIONAL ACHIEVEMENT

Check As Many As May Apply To The Student:

Superior Cognitive Ability

Specific Academic _____ Math _____ Reading _____ Science _____ Soc. Studies

Creative Thinking Ability

Visual/Performing Arts _____ Music _____ Dance _____ Drama _____ Art

What is exceptional about this student? _____

Description of child's achievements/ products/ behaviors _____

Student's Current Grades: _____ Reading _____ Math _____ Science _____ Social Studies

IV. SIGNATURES

Signature of Referrer/Date

Phone

Relationship To Student

Signature of Person Receiving Referral/Date