

Newbury Local Schools
Gifted Identification Referral Form

Child _____ Grade _____

School _____

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 – drawing, painting
 music, dance, drama _____

Signature or Person Initiating Referral

Position or Relationship to Child

Phone

Date

Signature of Person Receiving Referral

Date