



Gifted Referral Form

Student's Name: _____

Building/District: _____

Date (mm/dd/yyyy) _____ Student's Current Grade Level: _____

Person Making Referral/Relationship to nominated student:

I feel this student is gifted in the following area(s) as recognized by the State of Ohio: *The state of Ohio defines gifted as "students who perform or show potential for performing at remarkably high levels of accomplishment when compared to others of their age, experience, or environment and who are identified under division (A), (B), (C), or (D) under section 3324.03 of the Ohio Revised Code."*

_____ Superior Cognitive: *Very well informed and able to master material well and quickly in nearly all subject areas.*

_____ Specific Academic: *Very well informed and able to master material well and quickly in the following area(s):*

(please check areas that apply)

Math

Reading

Social Studies

Science

_____ Creative Ability: *Ideas, which are creative or unusual and approaches problems and topics from a different point of view.*

I feel this student is potentially gifted because:

I also want you to know that this student:

Please return nomination/referral forms to:

Carrollton Exempted Village School District
TLC Building, ATTN: Stephanie Glasure, Gifted Services
252 Third Street, NE
Carrollton, OH 44615
Phone: 330.627.7231, ext 3452