

Date _____

Oberlin City School District Gifted Referral - Pre-Assessment Data Form

Student _____ School _____ Grade _____

Specific Academic Category Information

Check specific area of nomination.

	<u>Two Grading Periods</u>		<u>Proficiency Test Results</u>
___ Reading	_____	_____	_____
___ Writing	_____	_____	_____
___ Math	_____	_____	_____
___ Science	_____	_____	_____
___ Social Studies	_____	_____	_____

Standardized Testing

Test _____ Date of Test _____

Scores:	Cognitive _____	Total Math _____%
	Total Reading _____%	Total Science _____%
	Total Writing _____%	Total Social Studies _____%

Do you see Artistic Talent in this student? ___ YES ___ NO

Do you see Musical Talent in this student? ___ YES ___ NO

Other useful observations or information? _____

