

Referred by: Parent Teacher Student Auxiliary Other _____ Title _____

Oberlin City School District Gifted Referral Form - Pre-Assessment

Student _____ School _____ Grade _____

Talent Area(s)

This student is referred for possible identification in the following area(s):

- Superior Cognitive Ability
- Specific Academic Ability
Indicate specific subject(s):
 - Reading
 - Writing
 - Mathematics
 - Science
 - Social Studies
- Creative Thinking Ability
- Visual or Performing Arts Ability
(such as drawing, painting, sculpting, music, dance, drama)

Reason(s) for Referral

Any of these may be checked for any of four areas identified

- Mostly A's on grade card
- Unchallenged with regular curriculum
- Asks/Answers questions above and beyond same age peers
- Writes/Creates using detail and originality. Describe:

- Enjoys studying and/or performing topics out of school
- Please be specific in describing your reason for referring this student

Signature of Person Initiating Referral Position or Relationship to Student Phone Date

Signature of Person Receiving Referral Date

Note: Please fill out attached forms and return to:

Oberlin City Schools
Talent Development Program
153 North Main St.
Oberlin, OH 44074

For Office Use Only	
Reviewed by:	Initial
Teacher of Gifted	_____
Asst. Superintendent	_____
Other	_____