



# Miami County Educational Service Center

## **Board of Education Office**

**Superintendent, Tom Dunn**

**Treasurer, Cindy A. Hale**

### Referral Form

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

This child is referred for possible identification as gifted in the following area(s):

**Reason**

- Superior Cognitive Ability**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Specific Academic Ability**
  - \_\_\_ **Mathematics**
  - \_\_\_ **Science**
  - \_\_\_ **Reading**
  - \_\_\_ **Social Studies**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Creative Thinking Ability**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Visual/Performing Arts Ability**  
 (drawing, painting, sculpting,  
 music, dance, drama)
 

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person Initiating Referral    Position or Relationship to Child    Phone    Date

\_\_\_\_\_  
 Signature of Person Receiving Referral    Date

Note: A parent may request assessment through any verbal or written means to the building administrator. If the referral is from the parent, the parent will need to complete this referral form prior to any assessment. The parent will also need to sign the "Permission for Assessment" Form.

**Parent(s): Please sign and return this referral form to your child's homeroom teacher.**