

Southern Local School District
and
Jefferson County Educational Service Center
REFERRAL FOR GIFTED/TALENTED IDENTIFICATION

I. STUDENT INFORMATION

Student's Name _____ Grade _____ Birth date _____ Gender _____

Address _____ Email _____

Parent/Guardian _____ Telephone _____

II. REFERRAL'S INFORMATION

Please Check One:

Teacher/grade/subject area _____

Length of time you have known the student: _____

Parent/Guardian _____

Other (please specify) _____

Length of time you have known the student: _____

III. AREAS INDICATING EXCELLENCE AND/OR EDUCATIONAL ACHIEVEMENT

Check As Many As May Apply To The Student:

Superior Cognitive Ability

Specific Academic _____ Math _____ Reading _____ Science _____ Soc. Studies _____

Creative Thinking Ability

Visual/Performing Arts _____ Music _____ Dance _____ Drama _____ Art _____

What is exceptional about this student? _____

Description of child's achievements/ products/ behaviors _____

Student's Current Grades: _____ Reading _____ Math _____ Science _____ Social Studies _____

IV. SIGNATURES

Signature of Referrer/Date

Phone

Relationship to Student

Signature of Person Receiving Referral/Date

Jefferson County ESC Gifted Services