

GIFTED IDENTIFICATION TESTING REFERRAL FORM
Wellington Exempted Village Schools

School: _____ Grade: _____ HR Teacher: _____

I, _____, would like to refer _____
(Print Name) (Print Name)

for possible gifted identification in the following area(s):

	Reason(s)
_____ Superior Cognitive Ability	_____ _____ _____
_____ Specific Academic Ability	_____ _____
<input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Reading/Writing <input type="checkbox"/> Social Studies	_____ _____ _____
_____ Creative Thinking Ability	_____ _____ _____
_____ Visual/Performing Arts	_____ _____
<input type="checkbox"/> Drama <input type="checkbox"/> Dance <input type="checkbox"/> Art <input type="checkbox"/> Music	_____ _____ _____

List any overall STRENGTHS that this student frequently displays:

Please list the most recent Standardized Testing Results (achievement and ability testing):		
TEST	Date	Percentile Rank

Person initiating this referral: _____
(Signature) (Relationship to Student)

(Daytime Phone) (Date)

Person receiving referral _____
(Signature) (Title) (Date)

Return Referral Form to Janice Kollar, Gifted Education Coordinator