



# Three Rivers Local School District

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## GIFTED REFERRAL / INFORMATION FORM

### Identifying Data:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Parent/guardian \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Building \_\_\_\_\_ Student ID \_\_\_\_\_

Name/title of referral source \_\_\_\_\_

Reason for Recommendation \_\_\_\_\_

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

### Areas for referral:

This student indicates potential Giftedness and need assessment at this time in:

\_\_\_ General Intelligence \_\_\_ Creative Thinking \_\_\_ Reading \_\_\_ Math  
\_\_\_ Social Studies \_\_\_ Language \_\_\_ Science \_\_\_ Art \_\_\_ Music

\_\_\_ Administer all assessments necessary for APT Placement consideration in grades 3-8.

Please consider this child for acceleration option: \_\_\_ Subject (\_\_\_\_\_)  
\_\_\_ Whole Grade \_\_\_ Early Entrance to Kindergarten \_\_\_ Early Graduation