Three Rivers Local School District

Dawn Farris
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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

Please consider this child for acceleration: ____Subject (_____)
____Whole Grade ____Early Entrance to Kindergarten