



NORTH OLMSTED CITY SCHOOLS
REFERRAL FORM FOR GIFTED IDENTIFICATION

Child's Name: _____ **Birth Date:** _____

Current Grade: _____ **School:** _____ **Teacher:** _____

Superior Cognitive Ability ☐ Reason: _____

Specific Academic Ability (check which areas)

Reading ☐ Reason: _____

Mathematics ☐ _____

Writing ☐ _____

Science ☐

Social Studies ☐

Creative Thinking Ability ☐ Reason: _____

Visual Arts (drawing, painting, sculpting) ☐ Reason: _____

Performing Arts (check which areas)

Music ☐ Reason: _____

Drama ☐ _____

Dance ☐

My signature gives permission for assessments to be administered to my child.

Signature: _____ **Name (please print):** _____

Please return this completed form to:
Heather Keenan
Heather.Keenan@nocseagles.org