



Office of  
Curriculum, Instruction, and Gifted Services  
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**TEACHER REFERRAL FORM: GIFTED PROGRAM**

**CHILD'S NAME:** \_\_\_\_\_

**BUILDING:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**TEACHER MAKING REFERRAL:** \_\_\_\_\_

**I feel this child is gifted in the following area(s) as recognized by the state of Ohio:**

\_\_\_\_\_ **Superior Cognitive:** Very well informed and able to master material well and quickly in nearly all subject areas.

\_\_\_\_\_ **Specific Academic:** Very well informed and able to master material well and quickly in only ONE area, which is: \_\_\_\_\_.

\_\_\_\_\_ **Creative Ability:** Ideas, which are creative or unusual and approaches problems and topics from a different point of view.

\_\_\_\_\_ **Visual/Performing Arts:** Ability is approaching the adult level in the following specific area: (check all that apply)

\_\_\_\_\_ Art \_\_\_\_\_ Music \_\_\_\_\_ Drama \_\_\_\_\_ Dance \_\_\_\_\_ Other: \_\_\_\_\_

I feel this student is potentially gifted because: \_\_\_\_\_

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

I also want you to know that this child: \_\_\_\_\_

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

Teacher Signature: \_\_\_\_\_

**Office Use Only:**

Date rec'd: \_\_\_\_\_ Gifted Coordinator's Signature: \_\_\_\_\_