

BUCKEYE CENTRAL LOCAL SCHOOL DISTRICT GIFTED REFERRAL FORM

Student: _____ Student ID: _____

School: _____ Grade: _____

Referred by: _____

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

- Superior Cognitive Ability
- Mathematics
- Science
- Reading
- Social Studies
- Creative Thinking Ability
- Visual or Performing Arts Ability - please circle: visual arts, music, dance, or drama

Displays the following behaviors:

Rating Scale	Rarely or Almost Never	Sometimes	Often	Almost Always
1. Has unusually advanced vocabulary for age or grade				
2. Possesses a large storehouse of information				
3. Has quick master and recall of factual information				
4. Demonstrates insight into the how and why of things				
5. Judges and evaluates ideas, events, and people				
6. Raises probing and relevant questions(as distinct from informational or factual questions)				
7. Becomes absorbed and involved: is persistent in completing task and acquiring information				
8. Has good problem-solving skills; identifies problems and seeks solutions				
9. Is self-assertive and individualistic; persistent in his/her beliefs				
10. Is very curious and interested in a variety of things				
11. Is innovative; produces unusual, unique, clever responses and products				
12. Is excited and adventurous; likes to make discoveries				

Signature of Person Initiating Referral

Position/Relationship to Child

Phone

Date

Signature of Person Receiving Referral

Date

Please return completed form to:
The school office, attention Michelle Ransome, Gifted Coordinator

