



MADISON LOCAL SCHOOLS

GIFTED IDENTIFICATION ASSESSMENT REFERRAL FORM FOR GRADES K-12

Student Name _____ School _____ Grade _____

Teacher _____ DOB _____ ID# _____

Parent/Guardian _____

Address _____ City, State, Zip _____

Home Phone _____ Work/Cell Phone _____

Parent's Email _____ Referral Initiated by _____

Student is being referred for possible gifted identification in the following area(s). Referrals can be submitted by parents/guardians, teachers, students, principals, gifted coordinator/consultant, and/or other school personnel.

Superior Cognitive Ability

Creative Thinking Ability (Teachers, please complete the Creativity Characteristics checklist for this referral.)

Specific Academic Ability

Visual/Performing Arts

Reading

Mathematics

Science

Social Studies

Please return completed form to Sharon Waits by October 1 for fall gifted identification testing or February 1 for winter gifted identification testing (final opportunity for the year). Referral forms received after the cut-off date will be added to the next testing session.