



Keystone Local School District

Gifted Referral

Student: _____ ID: _____

School: _____ Grade: _____

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

REASON

- | | |
|---|---|
| <input type="checkbox"/> Superior Cognitive Ability | <input type="checkbox"/> Seems unchallenged with regular curriculum |
| <input type="checkbox"/> Creative Thinking Ability | <input type="checkbox"/> Asks/answers questions above and beyond same age peers |
| <input type="checkbox"/> Specific Academic Ability | <input type="checkbox"/> Writes/creates using detail and originality |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Enjoys studying and/or performing topics out of school |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Earns mostly "A's" on grade card |
| <input type="checkbox"/> Science | <input type="checkbox"/> Other – List below |
| <input type="checkbox"/> Social Studies | |

Signature of Person Initiating Referral

Date

Position or Relationship to Child

Phone

Signature of Person Receiving Referral

Date

*Please Return to: Dr. Donna Knight, EdD, District Gifted Coordinator
Keystone Middle School (440)355-2228
501 Opportunity Way, LaGrange, Ohio 44050*