



Serving Hardin, Logan, & Shelby Counties

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"Your Partner in Educational Excellence"

Gifted Education Referral Form

Student Name: _____ Birth Date: _____
School: _____ Grade Level: _____
Person Referring: _____ Referral Date: _____
Relationship: _____

The student above has a referral for possible gifted identification in (check areas):

- ☐ Superior Cognitive Ability
- ☐ Specific Academic Ability (Please indicate subject area):
 - ☐ Reading/Writing ☐ Mathematics ☐ Science ☐ Social Studies
- ☐ Creative Thinking Ability
- ☐ Visual or Performing Arts Ability

Reason(s) for Referral:

- ☐ Grade card reflects mostly A's ☐ Unchallenged by regular curriculum
- ☐ Asks/answers questions above and beyond same age peers
- ☐ Enjoys studying and/or performing topics out of school
- ☐ Writes/creates using detail and originality

Describe: _____

☐ For any of the reasons marked above, please add any additional information describing your reason for referring this student: _____

Signature of Person Referring: _____ *Date:* _____

Please Return Form to: Midwest Regional Educational Service Center

Attn: Erica Baer-Woods, Director of Student Achievement

129 E. Court St.

Sidney, OH 45365