



**Boardman Local School District  
Gifted Referral Form**

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Student Address \_\_\_\_\_  
Parent/Guardian Home phone number \_\_\_\_\_ Work Number \_\_\_\_\_

Referred for possible identification in the following area(s):

Please describe briefly the reason(s) for referral

Superior Cognitive Ability \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Academic Ability  
 Math \_\_\_\_\_  
 Reading \_\_\_\_\_  
 Other \_\_\_\_\_

Creative Thinking \_\_\_\_\_  
\_\_\_\_\_  
 Visual/Performing Arts \_\_\_\_\_  
(Draw/paint/Sculpt \_\_\_\_\_  
music/drama/dance) \_\_\_\_\_

\_\_\_\_\_  
Signature of referring person

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date received by Office \_\_\_\_\_ Initials \_\_\_\_\_

*Please return to Mr. Jared Cardillo, Curriculum Director*

