

Campbell City Referral Form

Child _____ School _____ Grade _____

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

	Reason
<input type="checkbox"/> Superior Cognitive Ability	_____ _____ _____
<input type="checkbox"/> Specific Academic Ability	
<input type="checkbox"/> Mathematics	_____
<input type="checkbox"/> Science	_____
<input type="checkbox"/> Reading	_____
<input type="checkbox"/> Social Studies	_____
<input type="checkbox"/> Creative Thinking Ability	_____ _____ _____
<input type="checkbox"/> Visual or Performing Arts Ability (such as drawing, painting, sculpting, music, dance, drama)	_____ _____ _____ _____

Signature of Person Initiating Referral Position or Relationship to Child Phone Date

Signature of Person Receiving Referral Date

NOTE: A parent may request assessment through any verbal or written means to the building administrator.

**PLEASE RETURN TO JANE BUCKINGHAM, ASSISTANT PRINCIPAL
CAMPBELL ELEMENTARY-MIDDLE SCHOOL**