

Oakwood Schools

**Referral Form**

Child \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

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

Reason

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

Specific Academic \_\_\_\_\_  
 Mathematics \_\_\_\_\_  
 Science \_\_\_\_\_  
 Reading/Writing \_\_\_\_\_  
 Social Studies \_\_\_\_\_

Creative Thinking \_\_\_\_\_  
\_\_\_\_\_

Visual Performing Arts \_\_\_\_\_  
 Drawing/Painting/Sculpting \_\_\_\_\_  
 Music \_\_\_\_\_  
 Dance \_\_\_\_\_  
 Drama \_\_\_\_\_

**Please note that not all gifted identifications include services. Please see Service Matrix for specific details.**

\_\_\_\_\_  
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 ONE OF THE FOLLOWING:  
PRINCIPAL, CLASSROOM TEACHER, OR BUILDING'S GIS