

LIBERTY UNION - THURSTON LOCAL SCHOOLS
www.libertyunion.org



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BOARD OF EDUCATION:

DR MICHAEL JOHNSON, SUPERINTENDENT
APRIL BOLYARD, TREASURER

Mr. Shawn Shook
Ms. Caryl Caito
Mr. Shaun Hochradel
Mr. Bill Moore
Dr. John Walter

Gifted Identification Referral Form

Student Name _____

Grade _____

DOB ____/____/____

The student above is referred for possible identification as gifted in the following area(s):

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

Reason(s) for Referral:

- Grade card reflects mostly As
- 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

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

Signature of Person Initiating Referral: _____ Date: _____

Position or Relationship to Child: _____

Signature of Person Receiving Referral: _____ Date: _____

Please return to the Building Principal, Gifted Intervention Specialist, or Gifted Coordinator.