

Warren Local Schools



Kyle R. Newton, Superintendent

220 Sweetapple Road
Vincent, Ohio 45784

Barbara Schafer, Programs Facilitator

740-678-2366 x121
wl_bschafer@warrenlocal.org

Gifted Identification Referral

Student Name: _____ DOB _____

School: _____ Grade: _____ Teacher: _____

Parent/Legal Guardian: _____ Phone: _____

REFERRED BY: _____

I am this student's (Check one):

Teacher Parent Legal Guardian Other: (Specify) _____

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

Reason:

- Superior Cognitive Ability
- Specific Academic Ability
 - Mathematic
 - Reading
 - Science
 - Social Studies
- Creative Thinking Ability
- Visual or Performing Art Ability (dance, music, art, etc.)

Warren Local School District has permission to administer any needed assessments in order to consider this request.

Parent/Guardian Signature

Date

Signature of Person Receiving Referral

Date

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