



928 West Market Street, Suite A
Tiffin, Ohio 44883
Phone: 419-447-2927 Fax: 419-447-2825

I would like to nominate the following student for gifted services:

Student: _____ School: _____ Grade: _____

Referred by:

Parent/ Legal Guardian Teacher Student Peer Auxiliary Other

You may select more than one:

- Superior cognitive Ability
- Specific Academic Ability
 - Mathematics
 - Science
 - Reading
 - Writing
 - Social Studies

- REASON:
 - Grades/Progress Reports
 - Test Data
 - Portfolios/Exhibits/Products
 - Observation/Interviews
 - Performance/Awards
 - Other

- Creative Thinking Ability
- Visual or Performing Arts Ability
(such as drawing, painting, sculpting,
music, dance, drama)
- Has previously participated in a Gifted
Program
 - District _____
 - Grade _____

Comments:

Signature of Person Initiating Report *Position or Relationship to Child* *Phone* *Date*

Signature of Person Receiving Referral *Date*