



ASHTABULA
AREA CITY SCHOOLS

6610 Sanborn Road
Ashtabula, Ohio 44004
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Gifted Education Referral Form

Student Name: _____

Student Birthdate: _____ School: _____

Grade Level: _____ Referral Date: _____

Person Referring _____

Relationship to the Student: _____ Phone: _____

*I am referring the student above for possible gifted identification in
(check areas):*

_____ Superior Cognitive Ability

_____ Specific Academic Ability (*Please Indicate Subject Area*):

o Reading/Writing

o Mathematics

o Science

o Social Studies

_____ Creative Thinking Ability

_____ Visual or Performing Arts Ability

Reason for Referral:

Signature of Person Referring: _____

Date: _____

Please deliver to the office of the school your child attends.

Date Received by the Office: _____

TOGETHER - Preparing EVERY Student for Future Success

We are an equal opportunity employer who fully and actively supports equal access for all people, regardless of Race, Color, Religion, Gender, Age, Sexual Orientation, National Origin or Disability.