



ASHTABULA AREA CITY SCHOOLS

6610 Sanborn Road • Ashtabula, Ohio 44004 • Phone: (440) 992-1200

Gifted Education Referral Form

Student Name: _____

Student Birthdate: _____ School: _____

Grade Level: _____

Referral Date: _____

Person Referring _____ Phone: _____

Relationship to the Student: _____

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

Superior Cognitive Ability

Specific Academic Ability (Please Indicate Subject Area):

- Reading/Writing
- Mathematics
- Science
- 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: _____