



**Gifted Referral Form**

Student's Name: \_\_\_\_\_

Building/District: \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_ Student's Current Grade Level: \_\_\_\_\_

Person Making Referral/Relationship to nominated student: \_\_\_\_\_

I feel this student is gifted in the following area(s) as recognized by the State of Ohio: *The state of Ohio defines gifted as "students who perform or show potential for performing at remarkably high levels of accomplishment when compared to others of their age, experience, or environment and who are identified under division (A), (B), (C), or (D) under section 3324.03 of the Ohio Revised Code."*

\_\_\_\_\_ **Superior Cognitive:** *Very well informed and able to master material well and quickly in nearly all subject areas.*

\_\_\_\_\_ **Specific Academic:** *Very well informed and able to master material well and quickly in the following area(s): (please check areas that apply)*

Math

Reading

Social Studies

Science

\_\_\_\_\_ **Creative Ability:** *Ideas, which are creative or unusual and approaches problems and topics from a different point of view.*

I feel this student is potentially gifted because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I also want you to know that this student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return nomination/referral forms to:*

*Lakeland Academy*

*ATTN: Michelle L. Watson, Gifted Services*

*101 Main Street*

*Freeport, OH 43973*