

Gifted VPA Referral Form

Student's Name: _____

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

Building/District: _____

Person Making Referral/Relationship to 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."*


Visual/Performing Arts: Ability is approaching the adult level in the following specific area(s):

_____ ART _____ MUSIC Vocal/Instrumental _____ DRAMA _____ DANCE

I feel this student is potentially gifted because:

I also want you to know that this student:

Please return nomination/referral form to:



*Lakeland Academy
ATTN: Michelle L. Watson, Gifted Coordinator
101 Main Street
Freeport OH 43973*