

**Parkway Local Schools  
Referral Form for Gifted Services**

**Referral Source (Check):**

- Teacher**
- Parent/Guardian**
- Student Self-referral**
- Other (specify) \_\_\_\_\_**



Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Teacher(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Email: \_\_\_\_\_

Does the child or parent need assistive technology or other accommodations in order to attend meetings or understand the content of written and/or verbal information? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**The above student is referred for possible gifted identification in the following area(s):**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Superior Cognitive  | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> Creative Thinking   | <input type="checkbox"/> Science     |
| <input type="checkbox"/> Writing   | <input type="checkbox"/> Reading     |
| <input type="checkbox"/> Social Studies  |                                      |
| <input type="checkbox"/> Visual/Performing Arts: <i>Please complete and attach Visual and Performing Arts Nomination Form:</i> |                                      |

Reason for referral: \_\_\_\_\_

\_\_\_\_\_

What are the student's strengths and interests? \_\_\_\_\_

What accommodations or interventions have already been made to address this student's learning needs? \_\_\_\_

\_\_\_\_\_

**NOTE: Please attach any pertinent information including available test information, samples or work, etc.**

_____ Signature of Person Initiating Referral	_____ Position or Relationship to Child	_____ Date
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*Please return this form and related information to:  
Katie Kraner, Gifted Intervention Specialist, Parkway Local Schools*