



East Palestine City School District

GIFTED REFERRAL FORM

Child _____ School _____ Grade _____

Is referred for possible identification as gifted in the following area(s):

Reason

- ☐ Superior Cognitive Ability _____

- ☐ Specific Academic Ability
☐ Mathematics _____
☐ Reading _____
☐ Science _____
☐ Social Studies _____
- ☐ Creative Thinking Ability _____

- ☐ Visual or Performing Arts Ability
(such as drawing, music, drama,
dance) _____

Signature of Person Initiating Referral

Position/Relationship to Child

Date

NOTE: A parent may request assessment through any verbal or written means to the building administrator/teacher. If the parent signs and initiates the referral, assessment will be given to the child by EP personnel.

PLEASE RETURN TO YOUR CHILD'S SCHOOL OFFICE OR PRINCIPAL
Carol Vollnogle 330 426 5307 or carol.vollnogle@epschools.k12.oh.us