



Alliance City Schools Gifted Referral

Student Name: _____ Grade: ____ Building: _____ Referred by: _____

Please check the area(s) of the referral in the table below:

Area of Referral		Traits/Behaviors associated with giftedness in this area*:	
<input type="checkbox"/> Superior Cognitive Ability	<ul style="list-style-type: none"> • Learning facts quickly • Comprehending abstract ideas and concepts • Enjoying challenging problems • Making quick and valid generalizations • Reasoning things out 	<ul style="list-style-type: none"> • Grasping relationships between stimuli • Solving difficult and unique problems • Generating sophisticated ideas and solutions • Forming generalizations and using them in new situations • Choosing difficult and challenging tasks or problems 	
Specific Academic Ability <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies	<ul style="list-style-type: none"> • Learning information and skills quickly with little practice • Comprehending complex and difficult material • "Knowing" the correct answer • Maintaining intense and sustained interest in a subject • Self-motivation to learn 	<ul style="list-style-type: none"> • Self-directedness • Correcting his or her own errors • Recognition by peers as having high intellectual ability • Recognition by teachers as bright and achieving • Self-awareness about his or her academic aptitude 	
<input type="checkbox"/> Creative Thinking Ability	<ul style="list-style-type: none"> • Applying unique solutions to problems • Unique and innovative ideas • Choosing original methods • Engaging in or indicating interest in creative activities • Improvising 	<ul style="list-style-type: none"> • Using new and different methods to do things • Creativity • Producing original or unusual products or ideas • Creative solutions to tasks or assignments • Divergent thinking 	
*Visual or Performing Arts Ability <input type="checkbox"/> Drawing, painting, sculpting <input type="checkbox"/> Music <input type="checkbox"/> Dance <input type="checkbox"/> Drama	<ul style="list-style-type: none"> • Demonstration of an artistic talent • Studying or practicing his/her artistic talent without being told • Practicing regularly for extended periods of time • Striving to improve his or her artistic skills • Keenly observing others who are proficient in the artistic skill <p align="center">*Visual or Performing Arts is assessed in November with the</p>	<ul style="list-style-type: none"> • Innovation and creativity in performing • Demonstration of talent for an extended period of time • Seeming to pick up skills in the arts without instruction • Possession of high sensory sensitivity • Seeing minute details in art products or performances <p align="center">referral completed by October 1.</p>	

*(Based on Gifted and Talented Evaluation Scale - G.A.T.E.S.)

To be completed by the Parent/Guardian of the child. (If the referrer is teacher, this form should be forwarded by the teacher to the parent/guardian for completion.)

☐ Permission is given to conduct the assessment(s)

☐ Permission is denied

Parent/Guardian Name

Signature

Relationship to Child

Mailing Address

Daytime Phone

➤ Please return completed form to: Catherine Brookes, Gifted Coordinator, Alliance City Schools, 200 Glamorgan Street, Alliance, OH 44601