

Southeastern Local School Gifted Referral Form
(Please Print)

Child: _____ School : _____

Student Date of Birth _____ Grade _____

Parent/Guardian: _____ Phone Number: _____

Referred by _____ Email: _____

I am referring the above named student for possible identification as gifted in the following area(s):

Reason/Evidence for Referral

Superior Cognitive

Academic Ability-Math

Academic Ability-Reading/Writing

Creative Thinking Ability

Visual and Performing Arts

Visual Arts

Drama

Music

Dance

Signature of person initiating Referral

Position or relationship to Child

Phone number

Return the completed form to the Tim Bell, Director of Student Services, Southeastern Local Schools

Questions: Tim Bell, Director of Student Services
(937) 462-8364 x 323
tbell@sels.us

Date Received by district