



ANTHONY WAYNE LOCAL SCHOOLS

Gifted Program Referral Form

Student Name: _____

Date of Birth: _____

School: _____

Grade: _____

Teacher: _____

Student is being referred for possible identification as gifted in the following area(s)

(Please check any applicable area or leave blank if unsure):

____ Superior Cognitive Ability: Demonstrates high level of academic development compared to other students of the same grade level all areas, and demonstrates higher level thinking

High Level Academic Ability Specifically in:

____ Mathematics

____ Science

____ Reading

____ Writing

____ Social Studies

____ Creative Thinking

____ Visual or Performing Arts Ability (drawing, painting, music, drama, dance)

Comments: _____

Signature of Person Initiating Referral

Relationship to Student

Date

Please return this form to the school secretary to forward, or it can be faxed, emailed or mailed to:

Brian Billings

Anthony Wayne Administrative Offices

9565 Bucher Rd, Whitehouse, Ohio 43571

Phone # 419-877-5377, Fax # 419-877-9352

bbillings@anthonywayneschools.org