

BUCKEYE LOCAL SCHOOLS

Gifted Referral Form

Nominated Student _____

Date _____ Building _____

Grade _____ Nominated by _____

Relationship to Nominated Student _____

Please circle the appropriate answer below.

WHAT IS THE STUDENT'S AREA(S) OF STRENGTH?

superior cognitive ability (generally high intelligence, problem solving, creativity)

math

reading/language

science

social studies

WHAT IN PARTICULAR STANDS OUT ABOUT THIS STUDENT?

***Please return this form to the district gifted coordinator.*