

## Steps to make a referral for gifted screening/identification:

**First**, take a moment or two to consider the student you believe to be potentially gifted. You may want to review the gifted characteristics pages found within this packet to help you understand what gifted students may look like and how they may perform.

**Second**, understand that referrals can be made for any child at any time. Referrals are gladly accepted throughout the school year.

**Third**, print the referral form on the school website or contact Michelle L. Watson, Director of Gifted Services, at 330.308.9939 X 8222 for a referral form. Referrals are one step in the gifted screening/identification process.

**Finally**, complete the referral form and select the area(s) you want the student screened in (*see below*) and then send the completed referral form to Michelle L. Watson at ECOESC 834 East High Avenue New Philadelphia OH 44663.

**A. Superior Cognitive**

**B. Specific Academic** (*math, science, social studies, and/or reading/language*)

**C. Creative Thinking**

**D. Visual and Performing Arts** (*dance, drama, visual art, and/or music*)

Once referrals are received, the student will be screened for gifted identification within 45 days and pending parent permission. **Contact Michelle L. Watson at 330.308.9939 X 8222 or email her at [michelle.watson@ecoesc.org](mailto:michelle.watson@ecoesc.org) for further questions and/or directions regarding gifted referrals.**

# CV Gifted Referral Form K-12

Date of Gifted Referral: \_\_\_\_\_  
(Include month day and year, please)

Student's Name: \_\_\_\_\_  
(student's first name, last name and please include any "nicknames" that the student goes by)

Building the student attends daily: (Please check one)

- CV Elementary School  
 CV Middle School/High School

Student's Current Grade Level: (Please check one)

- K     Grade 1     Grade 2     Grade 3     Grade 4     Grade 5  
 Grade 6     Grade 7     Grade 8     Grade 9     Grade 10     Grade 11     Grade 12

Individual Making Referral: \_\_\_\_\_  
(first name, last name)

Phone Number where you can be reached: \_\_\_\_\_  
(area code included)

I feel this child is gifted in the following area(s) as recognized by the State of Ohio:

\_\_\_\_\_ Superior Cognitive: Very well informed and able to master material well and quickly in nearly all subject areas.

\_\_\_\_\_ Specific Academic: Very well informed and able to master material well and quickly in an area, which is...\_\_\_\_\_

\_\_\_\_\_ Creative Ability: Ideas, which are creative or unusual and approaches problems and topics from a different point of view.

\_\_\_\_\_ Visual/Performing Arts: Ability is approaching the adult level in the following specific area(s):  
Please check all that apply...

- ART                       MUSIC                       DRAMA                       DANCE

I feel this student is potentially gifted because: (Please continue on the back of this paper, if necessary)  
And, I also want you to know that this child:

**Send Completed Referrals to Michelle L. Watson, Director of Gifted Services, ECOESC 834 East High Avenue New Philadelphia OH 44663. Thank you!**