



Three Rivers Local School District

**GIFTED REFERRAL/INFORMATION FORM**

**Identifying Data:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Building \_\_\_\_\_ Student ID \_\_\_\_\_

Name and Title of Referral Source \_\_\_\_\_

Reason for Recommendation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AREAS for REFERRAL:**

This student indicates potential Giftedness and needs assessment at this time in (check all that apply):

<input type="checkbox"/> General Intelligence	<input type="checkbox"/> Creative Thinking	<input type="checkbox"/> Reading
<input type="checkbox"/> Math	<input type="checkbox"/> Social Studies	<input type="checkbox"/> Language
<input type="checkbox"/> Science	<input type="checkbox"/> Art	<input type="checkbox"/> Music

Administer all assessments necessary for APT Placement consideration in grades 3-8.

Please consider this child for acceleration option (check which applies):

<input type="checkbox"/> Subject	<input type="checkbox"/> Whole Grade
<input type="checkbox"/> Early Entrance to Kindergarten	<input type="checkbox"/> Early Graduation