

Newark City Schools
Gifted Services

Referral for Gifted Evaluation

Student Name: _____

School: _____

Grade: _____

Check the area(s) for which this student is being referred for possible identification as gifted.

Superior Cognitive Ability

Please explain why you are referring this student for testing in this area. Be as specific as possible. You may use the back if necessary.

Specific Academic Ability

Mathematics Science Reading Social Studies

Please explain why you are referring this student for testing in this area. Be as specific as possible. You may use the back if necessary.

Creative Thinking Ability

Please explain why you are referring this student for testing in this area. Be as specific as possible. You may use the back if necessary.

Visual/Performing Arts Ability (i.e. drawing, painting, music, dance, drama)

Please explain why you are referring this student for testing in this area. Be as specific as possible. You may use the back if necessary.

Name of Person Initiating Referral

Position or Relationship to Child

Phone

Signature

Date

Please submit this completed form to:
Stephanie DeBevoise, Gifted Coordinator
Newark City Schools ASC
621 Mount Vernon Rd
Newark, OH 43055

Equal access will be available to all students for screening, further assessment, identification, and placement for eligible services, including minority or disadvantaged students, students with disabilities, and students for whom English is a second language.