

Referred by: Parent Teacher Student Other _____ (Title)

Black River Local Schools
Nomination for Gifted Identification and Academic Acceleration

Student: _____ **Date:** _____

School: _____ **Class of:** _____ **Current Grade:** _____

Signature of Person Initiating Referral	Position or Relationship to Student	Date
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Area(s) for Referral

This student is referred for possible identification in the following area(s):

- Superior Cognitive Ability
- Specific Academic Ability
Indicate specific subject(s):
 - Reading
 - Writing
 - Mathematics
 - Science
 - Social Studies
- Creative Thinking Ability
- Visual or Performing Arts Ability:
drawing, painting, sculpting,
music, dance, drama

Academic Acceleration

- Early Entrance to Kindergarten
- Grade Acceleration
- Subject Acceleration
- Early Graduation

Reason(s) for Referral

Check all that apply.

- Mostly A's on grade card
- Unchallenged with regular curriculum
- Asks/answers questions above and beyond same age peers
- Writes/creates using detail and originality
- Enjoys studying and/or performing topics out of school

Please be specific in describing your reason for referring this student: _____

Notes: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____

Signature of Parents: _____ **DATE:** _____

Gifted Consultant: _____ **DATE:** _____