

**National Trail Local Schools  
Referral for Assessment for Gifted Identification**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_

Parent or Guardian Names \_\_\_\_\_

Best Number to Reach You \_\_\_\_\_

Address \_\_\_\_\_

Email address to confirm receipt of form \_\_\_\_\_

Please sign if you would like testing results by e-mail \_\_\_\_\_

*Please circle **and** list referral reasons for any of the following areas for which you are referring the child for possible identification:*

Area of Giftedness:	Reason for Referral: (Continue on reverse, if needed.)
Superior Cognitive	
Reading	
Math	
Social Studies	
Science	
Other	

***To help you complete this form please refer to these websites to learn more about gifted characteristics.***

[http://www.gifteddevelopment.com/What\\_is\\_Gifted/characgt.htm](http://www.gifteddevelopment.com/What_is_Gifted/characgt.htm)

<http://www.us.mensa.org/Content/AML/NavigationMenu/Programs/GiftedYouth/Factsonbeinggifted/BeingGifted.htm>

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Signature of Person Referring Child                      Relationship to Child                      Phone                      Date

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Signature of Parent or Guardian (*if different from referring person*)                      Date

*Your child will be tested for possible gifted identification and you will be notified of the results within 30 days after testing. **Please return completed form to the school office.***