

South Central Local Schools Referral Form
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Child _____ School _____ Grade _____

Student Address: _____

_____ has been referred to 1) review information or 2) be assessed in the following area (please check box)
 (Student's Name)

Reason

- Superior Cognitive Ability _____

- Specific Academic Ability
 - Mathematics _____
 - Science _____
 - Reading _____
 - Writing _____
 - Social Studies _____

- Creative Thinking Ability _____

- Visual or Performing Arts Ability
 (i.e. drawing, sculpting, music, dance, drama) _____

- Subject Acceleration _____

- Grade Level Acceleration _____

- Early Entrance to Kindergarten _____

- Early Graduation from High School _____

Signature of Person Initiating Referral	Position or Relationship to Child	Phone	Date
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Signature of Person Receiving Referral	Date
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NOTE: A parent may request assessment through any verbal or written means to the building administrator.

PLEASE RETURN TO BUILDING ADMINISTRATOR

Copies: ♦ Parent
 ♦ Student/Building File GI-1