

**Hillsboro City Schools
Referral Form**

Child _____ Building _____ Grade _____

Sex: Male Female Teacher _____

Is being referred for possible identification as gifted in the following area(s):

Reason

Superior Cognitive Ability _____

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

Creative Thinking _____

Visual or Performing Arts
(i.e. Drawing, painting, sculpting,
music, dance, drama) _____

Signature of Person referring Position or Relationship to Child Phone Date

Signature of Bld. Adm. Date Signature of Coordinator of Gifted Services Date

Note: Requests for assessment must be through a written means to the building administrator.