



Marlington Local School District– Office of Gifted Services
Stephanie Rosselli, Gifted Coordinator
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REFERRAL FORM: TESTING for GIFTED IDENTIFICATION

Child _____ School _____ Grade _____

Is referred for possible identification as gifted in the following areas:

- _____ Specific Academic Ability _____ Superior Cognitive Ability
- ___ Reading
 - ___ Mathematics
 - ___ Science
 - ___ Social Studies

 Name of person making referral (please print) Relationship to child Date

 Signature of person initiating referral Phone Email

 Street Address City, State Zip Code

Please complete the bottom of this form as you observe, analyze, and speculate about the possibility that this child may be identified as exhibiting an ability superior to that of children of the same age. The child's exceptional ability may appear in one or more of the above areas.

Characteristics of Superior Cognitive Ability and Specific Academic Achievement

Cognitive Ability: Check this section only for testing in superior cognitive ability.

- _____ uses higher-level thought and thinking skills
- _____ has unusually advanced vocabulary (for age)
- _____ possesses a large storehouse of information on a variety of topics
- _____ has broad knowledge base
- _____ uses quick mastery and recall of factual information
- _____ moves quickly from convergent to divergent thinking
- _____ analyzes quickly

Specific Academic Achievement – Please identify subject area(s) _____

- _____ quick mastery of fundamental skills and knowledge
- _____ above average ability
- _____ initiates academic study in specific area
- _____ higher level of functioning in the academic area
- _____ above average interest in pursuits in the academic area

Return to Stephanie Rosselli, Gifted Coordinator, Marlington Local Special Services Office or return to the building principal.