



**Gifted Referral**

Student: \_\_\_\_\_ ID: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Superior Cognitive Ability

Specific Academic Ability

Mathematics

Reading

**REASON**

Seems 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

Mostly A's on grade card

Other – list below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions, please contact one of the ESC Gifted Supervisors at 440-324-5777:  
Mary Lou Kaminski, ext.1135 or [kaminski@esclc.org](mailto:kaminski@esclc.org) Cathy Fischer, ext. 1158 or [fischer@esclc.org](mailto:fischer@esclc.org)

*You may mail, fax, or email Gifted Referral and Permission to Test Forms as follows:*  
Mail: Julie Coughlin, ESC of Lorain County, 1885 Lake Avenue, Elyria, OH 44035  
Fax: 440-324-7355  
Email: [coughlin@esclc.org](mailto:coughlin@esclc.org)

\_\_\_\_\_  
Name of Person Initiating Referral

\_\_\_\_\_  
Position or Relationship to Child

\_\_\_\_\_  
Signature of Person Initiating Referral

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Signature of Person Receiving Referral

\_\_\_\_\_  
Date