

**Switzerland of Ohio Local School District  
Gifted Identification Referral Form**

Referred by: \_\_\_\_\_  
 Teacher  
 Parent  
 Legal Guardian  
 Other (Specify) \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Legal Guarding: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

This student is being referred for a possible identification as gifted in the following area(s):

Reason

- Superior Cognitive Ability \_\_\_\_\_
- Specific Academic Ability \_\_\_\_\_  
(Check as many that apply)
  - Reading \_\_\_\_\_
  - Mathematics \_\_\_\_\_
  - Language \_\_\_\_\_
  - Science \_\_\_\_\_
  - Social Studies \_\_\_\_\_
- Creative Thinking Ability \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Initiating Referral      Phone      Date  
Note: A parent may request assessment through any written means to the Coordinator of Gifted Services.

**Please Return to Swiss Hills to the Coordinator of Gifted Services:**  
Attn: George Wells  
46601 State Route 78  
Woodsfield, Ohio 43793