



Lowellville Local School District

Gifted Referral Form



Child's Name:	School:	Grade:
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Is referred for possible identification as gifted in the following area(s):		
	Area	Reason
<input type="checkbox"/>	Superior Cognitive Ability	
Specific Academic Ability :		
<input type="checkbox"/>	Mathematics	
<input type="checkbox"/>	Reading/Writing	
<input type="checkbox"/>	Science	
<input type="checkbox"/>	Social Studies	
<input type="checkbox"/>	Creative Thinking Ability	
Visual & Performing Arts Ability:		
<input type="checkbox"/>	Visual Art (drawing, sculpting, etc...)	Complete page 2
<input type="checkbox"/>	Music (Instrumental or vocal)	
<input type="checkbox"/>	Dance	
<input type="checkbox"/>	Drama	

Signature of Person Initiating Referral:	Date:
Relationship to Student: ___Parent ___Teacher ___Peer ___Self	
Signature of Person Receiving Referral:	Date:

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Instructions: Mark the area (or areas) of the visual and performing arts area in which you believe the student should be screened for possible gifted identification. Then place a checkmark in the box next to each behavior or attribute you have observed the student nominated. Write additional observations you think may be relevant on the back of this form or attach additional pages.

	VPA Area		Behavior/Attribute
<input type="checkbox"/>	Visual Art (drawing, sculpting, etc...)	<input type="checkbox"/>	Elaborates on other people's ideas and uses them as a jumping off point as opposed to copying from others
		<input type="checkbox"/>	Shows unique selection of art media for individual activity or classroom projects
		<input type="checkbox"/>	Composes with unusual detail and skill
		<input type="checkbox"/>	Composes with unusual detail and skill
		<input type="checkbox"/>	Displays compulsive artistic pursuit
<input type="checkbox"/>	Music (instrumental or vocal)	<input type="checkbox"/>	Matches pitches accurately
		<input type="checkbox"/>	Is able to duplicate complex rhythms correctly
		<input type="checkbox"/>	Demonstrates unusual ability on an instrument and/or voice
		<input type="checkbox"/>	Has a high degree of aural memory/musical memory
		<input type="checkbox"/>	Displays compulsive musical pursuit
<input type="checkbox"/>	Drama/Theatre	<input type="checkbox"/>	Readily shifts into the role of characters, animals or objects
		<input type="checkbox"/>	Communicates feelings by means of facial expression, gestures, and bodily movements
		<input type="checkbox"/>	Uses voice expressively to convey or enhance meaning
		<input type="checkbox"/>	Easily retells a story or gives a vivid account of some experience
		<input type="checkbox"/>	Regularly seeks performance opportunities
<input type="checkbox"/>	Dance	<input type="checkbox"/>	Demonstrates exceptional physical balance
		<input type="checkbox"/>	Performs sequences of movement easily and well

Please return to:

Principal: Tracie Parry ~ In person or via email: T.Parry@lowellvilleschool.org

Note: A parent may request assessment through any verbal or written means to the building administrator.

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		<input type="checkbox"/>	Communicates meaning and feeling with movement
		<input type="checkbox"/>	Uses body as an instrument of expression
		<input type="checkbox"/>	Volunteers to participate in movement activities and dances

Date Submitted:	Student Name:		
Building:	Grade:	Name of Person Referring:	
Relationship to Student:	___ Parent	___ Teacher	___ Peer ___ Self
Permission to Screen/Assess (Complete only if the nominator is a parent of the nominated scholar):			
I give permission for my child _____ to participate in screening/assessment for possible identification of giftedness in the Visual and Performing Arts.			
Parent/Guardian Signature: _____		Date: _____	

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