

Referred by:  Parent  Teacher  Student  Other \_\_\_\_\_ (Title)

**SOUTHEAST LOCAL SCHOOLS**  
**Nomination for Gifted Identification and Academic Acceleration**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Class of: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

\_\_\_\_\_  
**Position or Relationship to Student**

\_\_\_\_\_  
**Date**

**Area(s) for Referral**

This student is referred for possible identification in the following area(s):

- Superior Cognitive Ability
- Specific Academic Ability  
Indicate specific subject(s):
  - Reading
  - Writing
  - Mathematics
  - Science
  - Social Studies
  - Creative Thinking Ability
  - Visual or Performing Arts Ability:  
drawing, painting, sculpting,  
music, dance, drama

**Academic Acceleration**

- Early Entrance to Kindergarten
- Grade Acceleration
- Subject Acceleration
- Early Graduation

**Reason(s) for Referral**

Check all that apply.

- Mostly A's on grade card
- 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

Please be specific in describing your reason for referring this student: \_\_\_\_\_

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

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Signature of Gifted Consultant: \_\_\_\_\_ DATE: \_\_\_\_\_