

**NORTHWEST LOCAL SCHOOL DISTRICT
 Gifted Education Department
 Identification Referral Form Visual and Performing Arts and Creative Thinking**

Child: _____ School: _____ Grade: _____ ID#: _____

Address: _____ Phone: _____

The above listed student is referred for possible identification as gifted in the following area(s):

Visual or Performing Arts Ability

	Reason(s) for Referral
<input type="checkbox"/> Art	_____
<input type="checkbox"/> Music	_____
<input type="checkbox"/> Dance	_____
<input type="checkbox"/> Drama	_____
<i>(Second step of identification process requires portfolio submission and/or performance evaluation)</i>	

Creative Thinking Ability _____

Person Initiating Referral (Please Print)	Signature of Person Initiating Referral	Position or Relationship to Child	Date
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Parent's/Guardian Name (Please Print)	Parent's/Guardian Signature	Daytime Telephone Number	Date
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Referral must be signed by parent in order for referral to be submitted.

I understand that by granting permission, my child will receive assessment(s) by designated personnel and that the results of this testing may be shared with teachers, principals, and other appropriate school personnel. I will also be informed of the results of any assessments as required by law.

<p>Please return <u>before</u> September 29, 2019 to:</p>	<p>Coordinator Gifted Education Northwest Local School District 3240 Banning Road Cincinnati, Ohio 45239 Fax: 513-923-3644 or E-mail: mkluener@nwlsd.org</p>
<p><i>Referral forms received after September 29, 2019 will be processed with Spring 2020 testing.</i></p>	

When appropriate, results from previous assessments may be utilized.