



# North Central Ohio Educational Service Center

65 St. Francis Ave. Tiffin Ohio 44883  
Phone: 419-447-2927 Fax: 419-447-2825

I would like to nominate the following student for gifted services:

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

Referred by:

- Parent/Legal Guardian  
  Teacher  
  Student  
  Peer  
  Auxiliary  
  Other

You may select more than one:

- Superior Cognitive Ability  
 Specific Academic Ability  
      Mathematics  
      Science  
      Reading  
      Writing  
      Social Studies

- Creative Thinking Ability  
 Visual or Performing Arts Ability  
 (such as drawing, painting, sculpting,  
 music, dance, drama)  
 Has previously participated in a Gifted  
 Program

District \_\_\_\_\_

Grade \_\_\_\_\_

Reason:

- Grades/Progress Reports  
 Test Data  
 Portfolios/Exhibits/Products  
 Observations/Interviews  
 Performance/Awards  
 Other

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Person Initiating Report*

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

\_\_\_\_\_  
*Phone*

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

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

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

Note: Please fill out the attached checklist and return these forms to: