

# Wayne Local School District

## Referral Form for Gifted Identification

**Parents:** Please complete or review this referral form, sign and return to  
Dr. Mary Franzosa, Gifted Services, Waynesville Elementary School  
659 Dayton Road, Waynesville, OH 45068

**Email:** mfranzosa@wayne-local.com    **Phone:** 513-897-2761 x534  
**Fax:** 513-897-8605

Student \_\_\_\_\_ Grade \_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Please check areas to be tested and state reason(s) for referral

\_\_\_ Superior Cognitive Ability \_\_\_\_\_  
\_\_\_\_\_

Specific Academic Area

\_\_\_ Reading \_\_\_\_\_  
\_\_\_ Math \_\_\_\_\_  
\_\_\_ Science (Grade 3+) \_\_\_\_\_  
\_\_\_ Social Studies (Grade 3+) \_\_\_\_\_

\_\_\_ Creative Thinking \_\_\_\_\_

Visual and Performing Arts

\_\_\_ Art \_\_\_\_\_  
\_\_\_ Music \_\_\_\_\_  
\_\_\_ Dance \_\_\_\_\_  
\_\_\_ Drama \_\_\_\_\_

\_\_\_\_\_  
Signature of person initiating referral and relationship to student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature (Required for testing)

\_\_\_\_\_  
Date