Wayne Local Schools Referral for Gifted Identification

Student Demographic Information

Name: _____ Gender: _____ Date of Birth: _____

Classroom Teacher: _____ School: _____ Grade: _____

Parent Name(s): _____ Cell: _____

Address: _____ Email: _____

Referred By: _____ Relationship to Student: _____

Area(s) for Possible Gifted Identification

☐ SUPERIOR COGNITIVE ABILITY

☐ SPECIFIC ACADEMIC AREA

____ Math ____ Reading ____ Science ____ Social Studies

☐ VISUAL AND PERFORMING ARTS (*please list specific area)

_____ Art* _____

_____ Music* _____

_____ Other* _____

Parent Permission to Test

Parent/Guardian Signature: _____ Date: _____

(required for testing)

Return the completed referral to your child's building office, email to Gifted Coordinator, Mrs. Karen Boggs kboggs@waynelocal.net or send by regular mail to WLS Gifted Services, 625 Dayton Rd, Waynesville, OH 45068

Revised 7/2026