

# Brookfield School District

## Referral Form

G1

Child \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Is referred for possible identification as gifted in the following area(s):

**Superior Cognitive  
Ability**

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**Specific Academic  
Ability**

Mathematics

Science

Reading

Social Studies

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**Creative Thinking Ability**

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**Visual or Performing Arts Ability**  
(such as drawing, painting,  
sculpting, music, dance, drama)

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

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

\_\_\_\_\_  
Phone

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

\_\_\_\_\_  
Date

PLEASE RETURN TO: Your Child's Building Principal