



# HUDSON CITY SCHOOLS

## GIFTED IDENTIFICATION REFERRAL FORM

Please send completed forms to:  
**Derek Hatcher, Gifted Services Coordinator**  
83 North Oviatt St., Hudson, OH 44236  
Fax: 330-653-1368  
HatcherD@hudson.k12.oh.us

Referred by: \_\_\_\_\_

- Teacher
- Parent/Legal Guardian
- Student (self-referral)
- Other (specify) \_\_\_\_\_

Student \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Student is referred for possible gifted identification in the following area(s):

- Superior Cognitive Ability
- Specific Academic Ability:
  - Mathematics
  - Reading
  - Social Studies
  - Science
- Creative Thinking
- \*Visual or Performing Arts Ability (VPA):
  - Art
  - Music
  - Dance
  - Drama

\*Students will be required to audition for judges or submit a portfolio to be identified as gifted in VPA.

- I have attached the form "Things My Child Likes to Do." (**Parent Referral Only**)
- I have attached the form "Behavioral Characteristics Checklist for Gifted Students." (**Teacher Referral Only**)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date