



Gifted and Talented Education

348 South Cassingham Road • Bexley, Ohio 43209

Phone: 614-231-7611 • Fax: 614-231-8448

REFERRAL FOR SCREENING AND ASSESSMENT

STUDENT'S NAME: _____

SCHOOL: _____

GRADE: _____ DATE SUBMITTED: _____

AREA(S) OF REFERRAL:

Superior Cognitive
Ability

Reading/Writing
 Mathematics

Science
 Social Studies

PERSON MAKING REFERRAL: _____

PHONE: _____ EMAIL: _____

RELATIONSHIP TO STUDENT:

Parent

Teacher

Peer

Self

REASON(S) FOR REFERRAL:

Please return to the appropriate building Gifted Intervention Specialist, or send to:

*Gifted and Talented Education (GATE)
Bexley City Schools
348 South Cassingham Road
Bexley, OH 43209*