

Gifted Education Referral Form

Name of Referred Student: _____

Grade Level: _____

School: _____

Date of Referral: _____

Name of Person Initiating Referral: _____

Relationship to Student: _____

The student identified for referral is being referred for possible gifted identification in the following area(s)
(Please check all areas that apply):

_____ Superior Cognitive Ability

_____ Specific Academic Ability (Math)

_____ Creative Thinking Ability

_____ Specific Academic Ability (Social Studies)

_____ Specific Academic Ability (Science)

_____ Specific Academic Ability (Reading)

_____ Visual/Performing Arts: Please specify arts area: _____

Reason(s) for Referral

While this section is not required to be completed, it may be helpful in gaining a greater understanding of the student's strengths.

_____ Mostly A's on grade card

_____ Unchallenged with regular curriculum

_____ Asks/Answers questions above
and beyond same age peers

_____ Enjoys studying and/or performing topics
out of school

_____ Writes/Creates using detail and originality

_____ Strength in Visual/Performing Arts

Please provide any additional information about the student's strengths or possible giftedness and reasons for referral:

Signature of Person Initiating Referral

Date

Parent Permission Form for Gifted Assessment

Parent Name: _____
(Please Print)

Student Name: _____
(Please Print)

I understand that I must give permission in order for my child to be assessed for possible gifted identification. This testing will be completed in accordance to Ohio Department of Education gifted identification guidelines. I understand that I will be informed of my child's testing results.

___ I hereby give permission to reassess my child for possible gifted identification.

___ I hereby denied permission.

(Parent/Guardian Signature)

(Date)

Please Submit this Permission Form to: **DESIGNATE**
