

## Referral Form for Gifted Identification

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

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

**Reason**

- Superior Cognitive Ability  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Specific Academic Ability
  - Mathematics \_\_\_\_\_
  - Science \_\_\_\_\_
  - Reading \_\_\_\_\_
  - Writing \_\_\_\_\_
  - Social Studies \_\_\_\_\_
  
- Creative Thinking Ability  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Visual or Performing Arts Ability  
(such as drawing, painting, sculpting,  
music, dance, drama)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Initiating Referral      Position or Relationship to Child      Phone      Date

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

NOTE: A parent may request assessment through any verbal or written means to the building administrator.

PLEASE RETURN TO BUILDING ADMINISTRATOR

Date Received: \_\_\_\_\_

**Student Profile**

**Referral Source (check):**

Teacher    
  Parent    
  Legal Guardian    
  Other (specify) \_\_\_\_\_

**Identifying Data**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Building of Current Attendance: \_\_\_\_\_

Present Teacher(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Does the child or parent need assistive technology or other such accommodations in order to attend meetings or understand the content of written and/or verbal information? \_\_\_\_\_

Please specify/explain: \_\_\_\_\_

**General**

What are the child's strengths and interests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any other pertinent information not previously described? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Most Recent Standardized Tests	Age When Tested	Grades When Tested	Results

**Pre-Assessment Results:**

**Assessment For Screening Results:**

**Assessment for Identification Results:**

**To be completed after screening/assessment:**

A team met on \_\_\_\_\_.

◆ Optional

The following actions were recommended:

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# Permission for Assessment

To the Parents/Guardian of: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(child's name)

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Referred By: \_\_\_\_\_

Your child has been referred as a potentially gifted child. Assessments are required for identification purposes. The following areas may be considered:

- Superior cognitive ability
- Specific academic ability
- Creative thinking ability
- Visual or performing arts ability

No assessment will be done without your written permission. Please read the information below and return it to school as soon as possible. If you have questions, please contact: \_\_\_\_\_ at \_\_\_\_\_.



I understand that if I grant permission, my child will receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of whether or not my child qualifies, according to the State of Ohio criteria, for gifted identification.

- Permission is given to conduct the assessment(s)
- Permission is denied

Signature	Relationship to Child	Date
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**Please return to building principal by:** \_\_\_\_\_

**Parent Notification  
Of Assessment Results**

Date: \_\_\_\_\_

Dear \_\_\_\_\_  
(parent/guardian)

Recently you gave permission for your child to be assessed for possible gifted identification. The results of the assessment(s) are: (Circle one)

- Your child's assessment results do not meet the State of Ohio criteria to be identified as gifted.
- Your child's assessment results indicate the need for additional assessment to determine whether your child meets the State of Ohio criteria to be identified as gifted.
- Your child's assessment results meet the State of Ohio criteria to be identified as gifted.

Your child is identified in the area(s) of:

\_\_\_\_\_

\_\_\_\_\_

Your child's teacher will be informed of these results and may use this information to help provide appropriate educational experiences.

If you have any questions, please contact me at \_\_\_\_\_.

If you disagree with the above, you may appeal the decision by contacting \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
(Contact Person)