



Gifted Identification Referral Form

St. Henry Consolidated Local Schools

2016-2017

(Two-Page Form – Complete and Submit Both Pages)

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Parent/Guardian Name(s): _____

Address: _____ Phone: _____

Referred by: _____

I am this student's (Check One):

Teacher Parent Legal Guardian Other (Specify) _____

***THIS STUDENT IS REFERRED FOR POSSIBLE IDENTIFICATION AS GIFTED
IN THE FOLLOWING AREA(S):***

Reason

Superior Cognitive Ability _____
(Services offered in grade 3) _____

Specific Academic Ability _____
 Math _____
(Services offered grades 4-6)

Services are NOT offered for the following areas:

- Reading _____
- Writing _____
- Science _____
- Social Studies _____

Services in the following areas MAY or MAY NOT be offered depending on the student's schedule.

- Creative Thinking _____
- Visual or Performing Arts Ability (such as _____
drawing, painting, sculpting, music, dance, drama)

NOTE: Referring a student for Visual or Performing Arts Identification should include your building's Gifted Intervention Specialist. There is a separate nomination form and student profile sheet, as well as portfolios and/or performances which will be evaluated based on Ohio Department of Education rubrics.

Signature of Person Initiating Referral

Date

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

PLEASE COMPLETE THE NEXT PAGE



GIFTED SERVICES PERMISSION FOR ASSESSMENT

To the Parent/Guardian of: _____ Grade: _____ School: _____

WHY WE ARE ASKING TO ASSESS YOUR STUDENT

- The Gifted Services Office has received a referral for your child from: _____.
- Your child met the screening cut score on the following test: _____.

ABOUT THE ASSESSMENT

All instruments used must be on the Ohio Department of Education’s Chart of Approved Gifted Identification/Screening Instruments including screenings for Specific Academic Abilities (WJIV). The St. Henry Consolidated Local School District typically uses one or more of the following testing instruments:

- Woodcock Johnson IV (WJ-IV), Tests of Cognitive Abilities
- Cognitive Abilities Test (CogAt) Form 7
- Otis-Lennon School Ability Test – 8th Edition
- Iowa Assessments
- TerraNova, 3rd Edition, Complete Battery
- Woodcock-Johnson IV, Tests of Achievement NU

PLEASE RESPOND TO THE FOLLOWING IMPORTANT QUESTIONS:

1. Is a second language spoken in the home: NO YES
(If YES, what language(s) _____)
2. Does your student have an IEP or 504 Plan? NO YES
(If YES, which plan _____)
3. Does your student need assistive technology or other accommodations in order to be tested for Gifted services? NO YES
(If YES, please specify _____)

Please use this space to provide any additional information you would like to include (continue on the reverse side of this form if necessary.)

PERMISSION – PLEASE COMPLETE AND SIGN AND RETURN IN THE PROVIDED ENVELOPE

Student’s Birth Date: _____ Parent/Guardian Phone: _____

- Permission is **GRANTED** to conduct individual testing for my student for superior cognitive and/or specific academic abilities.
- Permission is **DENIED** – I do not want testing conducted for my student.

Please Print Parent/Guardian Name _____ Signature of Parent/Guardian _____ Date Signed _____

The St. Henry Consolidated Local School District, in compliance with Section 3324.03 of the Ohio Revised Code, annually identifies gifted students. Educational opportunities are offered without regard to race, color, national origin, sex, and/or handicap.