



Gifted Identification Referral Form

Celina City 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 _____

Specific Academic Ability _____

Math _____

(Services offered grades 3-6)

Reading _____

(Services offered grade 5)

Services are NOT offered for the following areas:

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.

STAR Test Scores: End of 1st Nine Weeks _____ End of 2nd Nine Weeks _____

What accommodations or interventions have already been made to address this student's learning needs?

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 Celina City 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 of 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 _____