



Gifted Identification Referral Form

Parkway 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
<input type="checkbox"/> Superior Cognitive Ability <i>(Service offered grade 2)</i>	_____ _____ _____
<input type="checkbox"/> Specific Academic Ability <ul style="list-style-type: none"> <input type="checkbox"/> Math <i>(Services offered grades 4-8)</i> <input type="checkbox"/> Reading <i>(Services offered grade 4-8)</i> 	_____ _____
Services are NOT offered for the following areas: <ul style="list-style-type: none"> <input type="checkbox"/> Writing <input type="checkbox"/> Science <input type="checkbox"/> Social Studies 	_____ _____ _____
Services in the following areas MAY or MAY NOT be offered depending on the student's schedule. <ul style="list-style-type: none"> <input type="checkbox"/> Creative Thinking <input type="checkbox"/> Visual or Performing Arts Ability <i>(such as drawing, painting, sculpting, music, dance, drama)</i> 	_____ _____ _____
<p>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.</p>	

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

