



# Gifted Identification Referral Form

Marion 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 grade 3) \_\_\_\_\_  
\_\_\_\_\_

Specific Academic Ability \_\_\_\_\_  
 Math \_\_\_\_\_  
(Services offered grades 4-8) \_\_\_\_\_  
 Reading \_\_\_\_\_  
(Services offered grade 4-7) \_\_\_\_\_

**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.

\_\_\_\_\_  
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 Marion 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 – 8<sup>th</sup> Edition
- Iowa Assessments
- TerraNova, 3<sup>rd</sup> 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 Marion 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.*