

# Referral Form – Gifted Identification Screening

For use by Teachers and Parents to Initiate the Screening/Identification Process for Gifted Students

Child \_\_\_\_\_ Month/Year of birth \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_

School/Teacher (if known) \_\_\_\_\_ Grade \_\_\_\_\_ (Student # \_\_\_\_\_)

Please check the following areas in which screening is requested for this child. **State reasons in the space provided and complete the appropriate checklist on the other side of this form.**

Reason

- Superior Cognitive Ability (Grade 3 and up) \_\_\_\_\_  
\_\_\_\_\_
- Specific Academic Ability \_\_\_\_\_  
\_\_\_\_\_
- Mathematics (Grades 1-12) \_\_\_\_\_
- Reading/Writing (Grades 1-12) \_\_\_\_\_
- Science (Grades 3-12 only) \_\_\_\_\_
- Social Studies (Grades 3-12 only) \_\_\_\_\_
- Creative Thinking Ability (Grade 2 and up) \_\_\_\_\_  
\_\_\_\_\_

_____ Signature of Person Initiating Referral	_____ Position or Relationship to Child	_____ Phone	_____ Date
_____ Person Receiving Referral	_____ Date Received		

**PLEASE RETURN to the building principal at your school or mail to the Director of Gifted Services at the BOE office, 5610 Troy Road, Springfield OH 45502.**



\* Parents, please complete the *Parent Permission for Assessment* form below:

The screening process begins by reviewing existing data from sources including, but not limited to State testing results, district cumulative folder records, and interviews with past and present teachers. Students who have demonstrated a high level of accomplishment will proceed to the assessment level where additional testing in accordance with State standards may be needed. Gifted specialists using State-approved assessment measures will be administering these assessments. Your written permission is necessary for this screening evaluation to occur. Please sign the form below as verification that you understand the process as stated.

**PARENT PERMISSION FOR ASSESSMENT**

*I understand that by signing this form, I give permission for my child to be evaluated by designated school personnel and for any additional assessments to be administered should they be necessary as part of the screening process. I will be informed of whether or not my child is identified as gifted according to the State of Ohio criteria in the areas in which my child was screened. I know that the results may be shared with teachers, principals, and other appropriate school personnel.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_