

Gifted Identification Referral Form



Name of Student: _____

Date of Birth: _____

School: _____

Grade Level: _____

Parent/Guardian Name: _____ Phone: _____

Name of Person Initiating Referral: _____

Date of Referral: _____

Relationship to student(check all that apply)

- Teacher
- Parent
- Legal Guardian
- Other (please specify): _____

Potential area of gifted ability:

I feel this student is gifted in the following area(s) as recognized by the State of Ohio: The state of Ohio defines gifted as “students who perform or show potential for performing at remarkably high levels of accomplishment when compared to others of their age, experience, or environment *and who are identified under division (A), (B), (C), or (D) under section 3324.03 of the Ohio Revised Code.*”

The above named student is being referred for possible identification in the following areas (check areas for further assessment):

- Superior Cognitive Ability
- Specific Academic Ability (Please indicate subject area):
 - Reading/Writing
 - Mathematics
 - Science
 - Social Studies
- Creative Thinking Ability
- Visual or Performing Arts Ability (please specify area): _____

Reason(s) for Referral:

I feel this student is potentially gifted because:

I also want you to know that this student:

Signature of Person Initiating Referral

Date

* This referral form needs to accompany the
Gifted Services Permission for Assessment form
that follows on the next page

GIFTED SERVICES PERMISSION FOR ASSESSMENT

To the Parent/Guardian of: _____ Grade: _____ Birth Date: _____

WHY WE ARE ASKING TO ASSESS YOUR STUDENT

The Gifted Services Office has received a referral for your child from: _____ .

This person is requesting your child be assessed for gifted in the following area(s):

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. The Madison-Plains School District typically uses one or more of the following individual testing instruments:

- InView - A Measure of Cognitive Abilities
- Wechsler Intelligence Scale for Children, 4th Edition (WISC-IV)
- Wechsler Nonverbal Scale of Ability
- Wechsler Preschool & Primary Scale of Intelligence- 4th Edition
- TerraNova Third Edition, Complete Battery
- Woodcock-Johnson IV, Tests of Achievement
- Wechsler Individual Achievement Test (WIAT) - 3rd Edition
- ACT Assessment Program (AAP)
- Torrance Tests of Creative Thinking Figural Forms A & B
- Torrance Tests of Creative Thinking Verbal Forms A & B
- Gifted and Talented Evaluation Scales (GATES) (Creative Thinking Section IV)
- Scales for Rating the Behavior Characteristics of Superior Students (SRBCSS) (Part II Creativity)
- Ohio Department of Education Rubric in Visual Arts and Music

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 that you would like to include:

**PLEASE COMPLETE, SIGN, AND RETURN TO:
Karen Grigsby, Gifted Coordinator
Madison-Plains Local Schools
55 Linson Road
London, OH 43140**

Parent/Guardian Name (Please print): _____

Parent/Guardian Daytime 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 individual testing conducted for my student.

Signature of Parent/Guardian

Date