

REFERRAL FOR GIFTED EDUCATION

Student Name: _____ ID #: _____ DOB: _____

School: _____ Teacher: _____ Grade: _____

Parent/Guardian Name(s): _____ Phone: _____

Street Address: _____ City: _____ Zip Code: _____

Referred by: _____ Referral Date: _____
(Please Print)

Position or Relationship to Student (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 | _____ |
| <input type="checkbox"/> Specific Academic Ability | _____ |
| <input type="checkbox"/> Mathematics | _____ |
| <input type="checkbox"/> Science | _____ |
| <input type="checkbox"/> Reading | _____ |
| <input type="checkbox"/> Writing | _____ |
| <input type="checkbox"/> Social Studies | _____ |
| <input type="checkbox"/> Creative Thinking Ability | _____ |
| <input type="checkbox"/> Visual/Performing Arts Ability (such as drawing painting, sculpting, music, dance, drama) | _____ _____ _____ |

Signature of Person Initiating Referral _____

Date _____

Note: A parent/guardian may request assessment through any verbal or written means to the building administrator.

Fall Referral Deadline: Last Friday in September **Spring Referral Deadline:** Last Friday in April

PLEASE COMPLETE THE NEXT PAGE

Page 1 of 2



PARENT PERMISSION FOR ASSESSMENT

Student Name: _____ Student ID #: _____

The assessments administered by the district are approved by the Ohio Department of Education. The Greenville City School District typically uses one of the following individual testing instruments:

- InView-A Measure of Cognitive Abilities
- CogAT Form 7
- Wechsler Intelligence Scale for Children, 5th Edition
- Woodcock-Johnson IV Test of Cognitive Abilities

Please answer the following questions to help ensure testing accurately reflects your student's ability:

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 testing accommodations? No Yes
If yes, please specify _____

Note: Many test publishers specify which accommodations are allowed. You will be notified if a specific accommodation is not permitted.

4. Additional information the examiner should know: _____

The school psychologist will assess your child after the permission form is returned. The cognitive assessment may take several weeks to complete. The assessment may be conducted in one or two sessions, depending on need of your child. The school psychologist may interview your child's teachers, conduct a review of the cumulative file, review attendance records, and reference group testing data. The cognitive assessment is one part of the assessment process. The cognitive assessment results are sent to the gifted coordinator who will complete the IOWA Acceleration Scale. The gifted coordinator will contact you regarding the final recommendation.

PERMISSION

- Yes**, I give permission for my child to be tested.
- No**, I do not give permission for my child to be tested at this time.

Please Print Parent/Guardian Name

Signature of Parent/Guardian

Date Signed

Please send the signed and completed forms to:
Greenville City Schools
Attn: Gifted Coordinator
215 West Fourth Street
Greenville, OH 45331

