Gifted Education Referral Form

Name of Referred Student:________________________________  Grade Level:____________
School:___________________________________________  Date of Referral:___________

Name of Person Initiating Referral:________________________________________________________
Relationship to Student:_________________________________________________________________

The student identified for referral is being referred for possible gifted identification in the following area(s) (Please check all areas that apply):

_____ Superior Cognitive Ability  _____ Specific Academic Ability (Math)
_____ Creative Thinking Ability  _____ Specific Academic Ability (Social Studies)
_____ Specific Academic Ability (Science)  _____ Specific Academic Ability (Reading)
_____ Visual/Performing Arts: Please specify arts area: ______________________________________

Reason(s) for Referral

While this section is not required to be completed, it may be helpful in gaining a greater understanding of the student’s strengths.

_____ Mostly A’s on grade card  _____ Unchallenged with regular curriculum
_____ Asks/Answers questions above and beyond same age peers  _____ Enjoys studying and/or performing topics out of school
_____ Writes/Creates using detail and originality
_____ Strength in Visual/Performing Arts

Please provide any additional information about the student’s strengths or possible giftedness and reasons for referral:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Signature of Person Initiating Referral  ___________________________  Date  ___________________________
Parent Permission Form for Gifted Assessment

Parent Name: __________________________________________________
(Please Print)

Student Name: _________________________________________________
(Please Print)

I understand that I must give permission in order for my child to be assessed for possible gifted identification. This testing will be completed in accordance with Ohio Department of Education gifted identification guidelines. I understand that I will be informed of my child’s testing results.

___ I hereby give permission to reassess my child for possible gifted identification.

___ I hereby denied permission.

_________________________________________  ______________________
(Parent/Guardian Signature)  (Date)

Please Submit this Permission Form to: Molly Richard, Director of Elementary Education or Sara Crooks, Curriculum Coordinator for Wooster City Schools