Parent-Initiated

Gifted/Talented Referral Form: Superior Cognitive and/or Specific Academic: K-12

Child __________________________ School __________ Grade _____

Is referred for possible identification as gifted in the following area(s):

Please check all that apply.

_______Math       _______Reading       _______Superior Cognitive

 Please consider the following characteristics when recommending a child for gifted testing. Most, but not all, characteristics need to apply.

Superior Cognitive Ability

Compared to average students of the same age:

- Learns facts quickly
- Comprehends abstract ideas and concepts
- Enjoys challenging problems
- Makes quick and valid generalizations
- Reasons things out
- Grasps relationships between stimuli
- Solves difficult and unique problems
- Generalizes sophisticated ideas and solutions
- Forms generalizations and uses them in new situations
- Chooses difficult and challenging tasks or problems

Mathematics

Compared to average students of the same age:

- Extremely good at reasoning, deducing, or calculating a solution
- Unusual interest in the complex, enjoying the challenge of difficult problems
- Learns math concepts & processes faster than other students
- Working at two or more grade levels above grade placement
- Goes beyond rote memorization, relating concepts to other applications

Reading

Compared to average students of the same age:

- Unusually high verbal proficiency, extensive vocabulary & expression
- Reads at two or more grade levels above grade placement
- Highly motivated to read a wide variety of literature, with higher substance
- Very high level of comprehension

House Bill 282 requires all Ohio school districts to identify students who have met the state-established criteria in one or more areas of gifted potential. The legislation does not require that all identified students receive services. Students may be identified but not all may be served through separate programs by the district. The Wooster City School District does provide services to students in many areas of gifted potential. Districts are limited, however, in their capacity to provide direct service in all areas. Occasionally, parents may want to explore outside learning experiences and opportunities in order to more fully address all of their child’s educational needs.

Signature of Person Initiating Referral __________________________ Relationship to child __________________________ Date __________

Parent Signature granting permission for testing __________________________ Phone __________________________ Date __________

Please return form to school office marked attention to Hilarie Day, Consulting Teacher