

Gifted Identification Referral Form

For Office Use Only: Date Received _____

Check one: ___ Parent/Guardian Referral ___ Student Referral ___ Other: _____
 ___ Teacher ___ Administrator ___ Counselor

STUDENT INFORMATION

Person making the referral _____ Relationship to Student _____
Date of referral: _____
Student Name _____ School _____
Teacher _____ Grade _____ ID# _____
Date of Birth ____/____/____ Gender (circle one): Male / Female
Parent/Guardian Name(s): _____
Address _____
Daytime phone _____ Evening phone _____
E-mail (will be used to notify receipt of form): _____

REFERRAL INFORMATION

Gifted Identification Areas

The state of Ohio has approved a list of nationally-normed standardized tests (ex. InView, Terra Nova, Stanford, Iowa, etc.) to be used for identification. Standardized tests produce two kinds of information:

- **Superior Cognitive Ability:** Students gifted in this area exhibit advanced intellectual ability and reason, or show the potential for reasoning 2-4 grade levels above other students of the same age. CSI or Superior Cognitive Ability = score of 130 (128 or above for InView group test)
- **Specific Academic Ability:** Students gifted in this area exhibit advanced academic ability and perform, or show the potential for performing at a remarkably high level of accomplishment when compared to others of the same age, experience, or environment. National Percentile (NP) = 95% or above

Other tools (checklists, portfolios, review panels) are used to identify in the following areas:

- **Creative Thinking Ability:** Students gifted in this area exhibit advanced creative thinking ability and clearly demonstrate it to a much greater degree than others of the same age, experience, or environment.
- **Visual and/or Performing Arts**

Note- State-based tests (such as Proficiency, Achievement, or Diagnostic tests) are not nationally-normed and therefore are not used for gifted identification.

Please attach copies of any scores you may have at this time. Results should include the following for identification

Check here if scores are attached.

Check here if no scores are found/known.

OVER

PREVIOUS IDENTIFICATION

Was the student formally identified as gifted by a previous school district? (Check one) Yes No

If "yes", please complete the following information: Date/Grade of gifted identification: _____

School District (that made the identification): _____

School: _____ Address: _____

Contact person in Gifted Ed Dept: _____ Phone: _____

Did the student participate in a gifted program in previous district? Yes No

If yes, describe: _____

For Office Use Only: PAST SCORES

____ Superior Cognitive Ability _____ Creative Thinking Ability
____ Specific Academic Ability: ____Reading or Writing ____Math ____Social Studies ____Science
____ Arts Ability: ____Visual Art ____Music ____Drama ____Dance

Source: _____ Date: _____

Reason for Referral (use back/additional page if needed):

AUTHORIZATION for ASSESSMENT FOR GIFTED IDENTIFICATION

Your child has been referred as a potentially gifted and talented student. Assessments are required to complete the identification process. The following assessments may be administered to your child:

Otis-Lennon School Ability Test; Stanford Achievement Test Series; Cognitive Abilities Test (CogAT); Differential Abilities Scale (DAS); Wechsler Individual Achievement Test (WIAT-II); Wechsler Intelligence Scale for Children, (WISC); Woodcock-Johnson III (WJIII), Tests of Cognitive Abilities; Woodcock-Johnson III (WJIII), Tests of Achievement; Wechsler Preschool and Primary Scale of Intelligence (WPPSI)

I understand that if I grant permission, my child may receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of whether or not my child qualifies for gifted identification. **No assessment will be made without your written permission. Please sign below to authorize assessment.** If you should have questions, please contact the Gifted Education Department.

_____ Check here if student has been identified as needing testing modifications based on ESL, LD, etc.

Signature of Parent or Guardian (Required)

Date

PLEASE RETURN TO BUILDING PRINCIPAL

Timeline: In accordance of Ohio Revised Code, testing will take place 90 days from the date this completed form is received by the Gifted Ed Dept. Results will be shared with the parents/referring person(s) within 30 days

"I am aware that this child is being referred for gifted ID testing."

Principal Signature: _____

Date: _____

RETURN COMPLETED REFERRAL FORM TO: Gifted Ed Department, attn. Suzanne Palmer; District Coordinator, Westerville North High School, 950 County Line Road, Westerville, Ohio 43081; fax: 614-797-6290; call 614-797-6276.