

Referral for Gifted Screening and Permission for Assessment

Student Name: _____ Grade: _____ Building: _____

Date of Birth: _____ Referred by: _____

Please circle the area of the referral in the table below:

Area of Referral:	Traits/Behaviors associated with giftedness in this area*:
Superior Cognitive Ability	<ul style="list-style-type: none"> Learning facts quickly Comprehending abstract ideas and concepts Enjoying challenging problems Making quick and valid generalizations Reasoning things out
Specific Academic Ability	<ul style="list-style-type: none"> Learning information and skills quickly with little practice Comprehending complex and difficult material “Knowing” the correct answer Maintaining intense and sustained interest in a subject Self-direction and self-motivation to learn
Creative Thinking Ability	<ul style="list-style-type: none"> Applies “outside the box thinking Solves problems creatively Exhibits divergent thinking when approaching tasks
Visual and Performing Arts	<ul style="list-style-type: none"> Demonstrates a talent in the fine or performing arts Creates original products (writes plays, improvises) Picks up artistic skill without instruction Practices for extended periods of time to hone craft

*(Based on Gifted and Talented Evaluation Scale – G.A.T.E.S.)

To be completed by the Parent/Guardian of the child: (If the referrer is not the parent or guardian, the referrer should forward this form to the parent/guardian for completion): Assessments are required to meet the State of Ohio Identification mandates. No assessment will be done without the written permission of the parent or guardian of the referred child. Please read below and return as directed. For the list of assessments Lake Local Schools may use, please contact the district office at (330)877-9383.

I understand that if I grant permission, my child will 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, according to the State of Ohio criteria, for gifted identification. **Although districts are mandated to identify gifted children, they are not required to provide service for children identified as gifted.**

Permission is given to conduct the assessment(s)

Permission is denied

Parent/Guardian Name

Signature

Mailing Address

Daytime Phone

Please return completed form to:



Gifted Coordinator
Lake Local District Office
436 King Church Ave
Uniontown, OH 44685