

Copiah County School District Referral Form: Intellectually Gifted

A student may be referred for consideration, pending documentation of the stated criteria, by a parent, teacher, counselor, administrator, peer, self, or anyone else having reason to believe that the student might be intellectually gifted.

Name of Student: _____ Date: _____ Student ID#: _____

Grade/Teacher: _____ Date of Birth: _____

School: _____

Printed Name of Person Making Referral: _____

Signature of Person Making Referral: _____

Relationship to the Student: _____

Has the student been referred previously for the intellectually gifted program? _____ In what grade? _____

Please complete the attached student questionnaire to help us select the most appropriate assessment measure for this student.

Referral for the gifted education program is based on consideration of performance in the regular classroom, potential ability, test performance, maturity, creativity, and leadership potential. While grades and/or achievement test scores might be an indicator of giftedness, by MDE Gifted Education Program Regulations, neither classroom behavior, grades, nor achievement test scores may be used to eliminate a student from the identification process.

Referral must include documentation of two or more of the following measures:

- A group measure of intelligence or cognitive abilities that has been administered within the past twelve (12) months with a minimum score at or above the 90th percentile;
- Published characteristics of giftedness measure at the superior range;
- Published measure of creativity at the superior range;
- Published measure of leadership at the superior range;
- Achievement test scores at the 90th percentile;
- Existing measure of individual intelligence that has been administered within the past twelve months, and/or;
- Other measures that are documented in the research on identification of intellectually gifted students.

Please Attach Documentation of Measures Used to Satisfy Referral Criteria

1. Measure: _____ Date: _____ Score: _____

2. Measure: _____ Date: _____ Score: _____

LSC Determination

____ Student should move to the assessment state. Date: _____

____ Additional data must be provided. Date: _____

____ Student does not meet above listed referral criteria and the identification process should be terminated. Date: _____

Signatures of LSC members:

