



Office of Gifted Services
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GIFTED REFERRAL/NOMINATION FORM

Student: _____
 Date of Birth: ____/____/____ School _____ Grade _____
 Teacher _____
 Referred By: _____ Date: ____/____/____

Students may be identified in the areas of: Superior Cognitive Ability, Specific Academic Ability (Reading, Writing, Math, Social Studies, Science), Creative Thinking Ability, and/or Visual or Performing Arts Ability.

Please mark the area(s) that best apply to this student:

Superior Cognitive Ability

Students gifted in this area exhibit advanced intellectual ability and reasoning, or show the potential for reasoning 2-4 grade levels above other students of the same age. They demonstrate or show potential to demonstrate high levels of ability in cognitive processes (i.e. problem solving, abstract thinking, reason, memory, or comprehension). Superior Cognitive Ability = score of 130

Evidence/Data:

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

- Math Reading/Writing Social Studies Science

Evidence/Data:

Creative Thinking Ability

Students gifted in this area demonstrate advanced ability in creativity (i.e. elaboration, flexibility, originality). A checklist is required.

Evidence/Data:

Visual or Performing Arts Ability

Students gifted in these areas perform or show potential to perform at high levels in one or more artistic areas. A checklist and portfolio/performance are required.

- Visual Art
 Music
 Dance
 Drama

Evidence/Data:

Please rate this student as observed by the person making the referral (check mark):

Motivation for Learning	Never	Sometimes	Always
Seems to enjoy learning for learning's sake			
Becomes absorbed and involved in activities of interest			
Enjoys work that is challenging			
Is self-critical; strives for perfection			
Shows interest in subjects beyond what is expected for his/her age			
Displays curiosity about many topics; asks many questions about things			
Is easily bored with repetitive or routine tasks			

Aptitude for Learning	Never	Sometimes	Always
Has unusually advanced vocabulary for age or grade level			
Possesses lots of information about a variety of topics beyond his/her age			
Shows quick mastery and recall of factual information			
Is an alert observer; usually "gets more" out of stories, films, etc., than peers			
Tries to discover the <i>how</i> and <i>why</i> of things			
Attempts to understand complicated materials by separating them into parts			
Displays original ideas, unconventional thinking, and elaborates with details			

Please check all factors that apply to this student to the best of your knowledge (check mark):

Other factors	Yes
Has had limited developmental experiences or family is unable to afford enrichment materials/experiences	
During elementary school, changed schools 3 times or more or had irregular attendance	
Resides in a depressed economic area and/or has low family income at a subsistence level	
English is not spoken in the home or is not the primary language spoken at home	
Home responsibilities interfere with learning activities	
Is suspected of or has an identified area of eligibility for special education services	
Has a sibling who currently receives or has received Gifted Services	

Additional Comments (optional):

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

Timeline: Testing will take place in accordance with Troy City Schools’ testing calendar. Students who transfer into the district will be assessed within 90 days at the request of a parent/legal guardian. Testing results will be shared with the parents/staff within 30 days.

PLEASE RETURN THIS FORM TO THE OFFICE OF GIFTED SERVICES