



## REFERRAL FOR TESTING FOR POSSIBLE GIFTED IDENTIFICATION AND/OR SERVICE

Referrals are accepted between March 1 - April 10 and August 1 - September 10; referrals outside of those dates will be held until the next referral window.

I would like to refer the following student for testing to determine possible gifted identification and/or service from the gifted department.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Referred by: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Please indicate with a check mark the area(s) to be assessed:

\_\_\_\_\_ Superior Cognitive Ability      \_\_\_\_\_ Creative Thinking Ability  
\_\_\_\_\_ Science      \_\_\_\_\_ Social Studies

**Students in grades 2 - 11 will be assessed in these areas at least twice a year. Only check Reading or Math if your child does not fall within that grade band and you would like him/her assessed.**

\_\_\_\_\_ Specific Academic Ability in Reading (grades K-1 or 12)

\_\_\_\_\_ Specific Academic Ability in Math (grades K-1 or 12)

Please select one of the following two statements below regarding your child's participation in testing, and sign this form. As soon as the testing is completed and scored, you will be sent written documentation with the results. **Please note: If you have given permission to test, assessments will be administered when the evaluator is available.**

\_\_\_\_\_ I **give** permission for my child to participate in the testing of the above initialed area(s) for possible gifted identification.

\_\_\_\_\_ I **do not give** permission for my child to participate in the testing of the above area(s) for possible gifted identification.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to your child's school principal/office or email to [gjpsgifted@gjps.org](mailto:gjpsgifted@gjps.org).**