



Date Received (Gifted Coordinator Office): _____

Gifted Identification Referral Form

Student Name: _____ ID: _____ Grade: _____

Referred by: _____ Referral Date: _____
(Please Print)

Position or Relationship to Student (Check One):

Teacher Parent Legal Guardian Other (Specify): _____

THIS STUDENT IS REFERRED FOR POSSIBLE IDENTIFICATION AS GIFTED IN THE FOLLOWING AREA(S):

	Reason
<input type="checkbox"/> Superior Cognitive Ability	_____ _____
<input type="checkbox"/> Specific Academic Ability	_____ _____
<input type="checkbox"/> Mathematics	_____
<input type="checkbox"/> Science	_____
<input type="checkbox"/> Reading	_____
<input type="checkbox"/> Writing	_____
<input type="checkbox"/> Social Studies	_____
<input type="checkbox"/> Creative Thinking Ability	_____ _____
<input type="checkbox"/> Visual/Performing Arts Ability (such as drawing, painting sculpting, music, dance, drama)	_____ _____ _____

Signature of Person Initiating Referral

Date

Note: A parent/guardian may request assessment through any verbal or written means to the building administrator.

Fall Referral Deadline: Last Friday in September

Spring Referral Deadline: Last Friday in January

PLEASE COMPLETE THE NEXT PAGE



GIFTED IDENTIFICATION PERMISSION FOR ASSESSMENT

Student Name: _____ Student ID #: _____

The assessments administered by the district are approved by the Ohio Department of Education. The Revere Local School District typically uses one the following gifted assessment instruments:

- InView
- Cognitive Abilities Test, CogAT 7
- IOWA Assessment, Form E, IOWA
- Terra Nova, 3rd Edition

Note: Please see the **Revere Local Schools Policy and Plan for the Identification and Service of Children Who Are Gifted** document for the complete list of testing instruments administered by the district.

Please answer the following questions to help ensure testing accurately reflects your child's ability and/or achievement.

1. Is a second language spoken in the home: No Yes
If yes, what language(s) _____
2. Does your student have an IEP or 504 Plan? No Yes
If yes, which plan _____
3. Does your student need assistive technology or other accommodations to be tested for Gifted Identification? No Yes
If yes, please specify _____

Please use this space to provide any additional information about your child that you feel may affect testing:

PERMISSION

- Yes**, I give permission for my child to be tested.
- No**, I do not give permission for my child to be tested at this time.

Print Parent/Guardian Name

Signature of Parent/Guardian

Date Signed

Please ask your child to return this completed form to his/her homeroom teacher.

Thank you,
Michele Wargo
Gifted Coordinator