



Central Office
1215 W. Kemper Road
Cincinnati, OH 45240
513.619.2300
www.wintonwoods.org

Nomination for Gifted Testing (GTE) and Parent Permission Form

Directions for Completion:

It is important that you complete TWO forms when referring a student for gifted services.

Form #1:

1. Referral for Testing Form: Complete all sections of this form, sign it, date it and return it to the student's building principal.

Form #2:

1. Permission to Test Form: Complete all sections of this form, sign it, date it and return it to the student's building principal.

You must sign, date and return both of these forms to the principal at your child's school.

If you have questions regarding this process, please call Dr. Terri L. Holden, Executive Director of Teaching and Learning at 619-2300.

GIFTED IDENTIFICATION PROCEDURE

Students may be identified as academically gifted in one of two areas:

1. Superior Cognitive Ability
2. Specific Academic Ability (Mathematics, Science, Reading/Writing, and Science)

Criteria for identification is written into sections 3324.01-3324.07 of the Ohio Revised Code and 3301-51-15 of the Ohio Administrative Code, Rule for the Identification and Services for Children Who Are Gifted.

Superior Cognitive Ability

The Ohio Department of Education states that Superior Cognitive Gifted Identification can be obtained three ways. Students identified as Superior Cognitive Ability Gifted must score two standard deviation above the mean, minus the standard error of measure on an approved standardized individual or group intelligence test or performed at or above the ninety-fifth percentile on an approved individual or group standardized composite battery of a nationally normed achievement test, or attained an approved score on one or more above grade-level standardized, nationally normed approved tests.

Specific Academic Ability

Students identified as Specific Academic Ability Gifted must score at or above the 95th percentile at the national level on an approved individual or group standardized achievement of specific academic ability in that field. A child may be identified gifted in more than one specific academic ability field. Ohio states that a child shall be identified as exhibiting "Specific Academic Ability superior to that of children of similar age in a specific academic ability field if within the preceding twenty-four months the student performs at or above the ninety-fifth percentile at the national level on an approved individual or group standardized achievement test of specific academic ability in that field."



Tests Used to Identify Superior Cognitive Ability

Intelligence Tests	Mean	Standard Deviation (SD)	Standard Error of Measurement (SEM)	Score for Gifted Identification
Cognitive Abilities Test (CogAT), Form 7.	100	16	4.0	128
Weschler Intelligence Scale for Children-4th Edition (WISC-IV)	100	15	3.0	127

Tests Used to Identify Specific Academic Ability

Achievement Tests	Score for Gifted Identification
MAP Tests- Reading and Math only	95th Percentile
Weschler Individual Achievement Test-3rd Edition (WIAT)	95th Percentile



Referral for Testing for the GTE Program

Please complete all sections of this form. Please sign the form and return it to the building principal with the PERMISSION TO TEST form.

Student: _____

Date of Birth: _____ School: _____ Grade: _____

Homeroom Teacher: _____

Parents/Guardians: _____ Phone No: _____

Address: _____

Email Address: _____

Please read the attached information regarding the areas of gifted identification to assist you in completing the referral.

**** PLEASE NOTE: The state of Ohio mandates gifted identification but NOT gifted service. Students who qualify for gifted services according to the district's service plan will receive enrichment in the specific academic area of reading/language arts.**

PLEASE CHECK THE AREA(S) THAT YOU WISH TO HAVE YOUR CHILD TESTED:

- Mathematics
- Science
- Reading/Writing
- Social Studies

Signature of Person Initiating Referral: _____

Position/Relationship to Student: _____

Date: _____

Signature of Principal: _____ Date Received: _____

Return to the building principal with the PERMISSION TO TEST form.



Central Office
1215 W. Kemper Road
Cincinnati, OH 45240
513.619.2300
www.wintonwoods.org

Permission to Test for Academic Giftedness

I grant permission for my child, _____, to be assessed by designated Winton Woods City Schools' personnel using assessment instruments approved by the State of Ohio and included in the district's approved identification plan for identification of gifted students. Within thirty days of completion of assessment, I will be informed of whether or not my child qualifies, according to the State of Ohio criteria for gifted identification.

(Choose one)

- I give permission for the assessment(s) to be conducted.
- I do not give permission for the assessment(s) to be conducted.

Signature: _____

Relationship to child: _____

Daytime telephone: _____

Email: _____

Date _____

Please return this form to the student's building principal with the Gifted Referral Form.