Fairfield County
Educational Service Center

Gifted Identification
Referral Form

Student Name _____ **Grade** _____ **DOB** _____/_____/_____

District _____ **School** _____

The student above is referred for possible identification as gifted in the following area(s):

_____ Superior Cognitive

_____ Specific Academic

- _____ Mathematics
- _____ Reading
- _____ Science
- _____ Social Studies

_____ Creative Thinking

_____ Music:

- _____ Vocal
- _____ Instrumental

_____ Visual Arts:

- _____ Drawing
- _____ Painting
- _____ Sculpting

_____ Dance

_____ Drama

_____
Signature of Person Initiating Referral

_____ _____ _____
Position or relationship to Child | Phone Number | Date

_____ _____
Signature of Person Receiving Referral | Date

Please return to the Building Principal, Gifted Intervention Specialist, or Gifted Coordinator.

Permission for Assessment

Your child has been referred as a potentially gifted child. Assessments are required for identification purposes, and no assessment will be done without your written permission. Please read the following information and return this form to the Building Principal, Gifted Intervention Specialist, or Gifted Coordinator as soon as possible. Any questions may be directed to the Building Principal or Gifted Coordinator.

According to Ohio Administrative Code 3301-51-15 and Ohio Revised Code 3324.01-.07, students may be assessed with parent permission in individual and small group settings. If you would like to have your child assessed for gifted identification, acceleration, or early entrance to Kindergarten, please sign and return this form.

The assessment(s) will be conducted during regular school hours. Once testing is complete, you will receive a copy of your child's test results. If you should have any questions or concerns, please feel free to contact the school office for more information.

I understand that by granting permission, my child may be assessed by designated personnel and the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of whether or not my child qualifies, according to the State of Ohio criteria, for gifted identification.

_____ Permission is given for assessment

_____ Permission is denied

Student Name _____ Grade _____ DOB _____/_____/_____

District _____ School _____

_____
Name of Person Initiating Referral

_____ _____
Position or relationship to Child Phone Number

Contact Address _____

_____

_____ _____
Signature of Person Initiating Referral Date