



Worthington City Schools Referral For Elementary Gifted Identification Grades K-5

Student Demographic Information:

Name: _____	Gender: _____	Date of Birth: _____
Classroom Teacher _____	School _____	Grade _____
Parent Name(s): _____	Cell: _____	
Address: _____		
Email: _____	Referred by: _____	
<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Principal <input type="checkbox"/> Student <input type="checkbox"/> Gifted Intervention Specialist <input type="checkbox"/> Counselor <input type="checkbox"/> Psychologist		

Areas of observed strength to be tested for possible gifted identification:

<input type="checkbox"/> Superior Cognitive Ability	<input type="checkbox"/> Science
<input type="checkbox"/> Math	<input type="checkbox"/> Social Studies
<input type="checkbox"/> Reading	<input type="checkbox"/> Creative Thinking Ability
<p>For EPP: Identification in BOTH the areas of SUPERIOR COGNITIVE ABILITY AND MATH are required for placement into the Elementary EPP Math Program (GRADES 3-5). Referrals must be received by November 15th to ensure placement of qualified students during the current school year.</p> <p>For Elementary Reading Cluster: Identification in BOTH the areas of SUPERIOR COGNITIVE ABILITY AND READING are required for placement into the Elementary Reading Cluster (GRADES 3-5). Please note, students will not be placed into the reading cluster during the school year.</p> <p>Gifted Identification Criteria:</p> <ul style="list-style-type: none">• For a student to qualify for gifted identification in specific academic ability, ODE requires a student score of at least 95th percentile in the subject area being tested on an ODE approved assessment.• Identification in Creative Thinking Ability requires an ability (IQ) score of 110 -112 on a cognitive ability test and a qualifying score on the Creative Thinking Checklist.• Identification in Superior Cognitive Ability requires an ability (IQ) score of 125 - 128 on a cognitive ability test, depending on the test used.	

Parent Signature: _____	Date: _____
Teacher Signature: _____	Date: _____
Principal Signature: _____	Date: _____



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Test(s) Needed: _____

Accommodation(s): _____

For Office Use Only:

ASSESSOR: _____ DATE: _____

PLACEMENT DECISIONS:

- Math: YES NO
- Reading: YES NO
- Date Letter Mailed to Parents/School: _____

Previous Test Results:

MAP Math: _____	Date: _____
MAP Reading: _____	Date: _____
Iowa Math: _____	Date: _____
Iowa Reading: _____	Date: _____
CogAT: _____	Date: _____
InView: _____	Date: _____
NNAT3: _____	Date: _____
InView: _____	Date: _____
Other: _____	Date: _____
Other: _____	Date: _____
Other: _____	Date: _____