



**Worthington City Schools Referral For Middle School Gifted Identification
Grades 6 – 8**

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>Accelerated Math: Identification in EITHER Superior Cognitive Ability AND/OR Math are required. See below for further information.</p> <p>Language Arts Cluster: Identification in Reading is required for placement into the Enriched Reading Cluster for Middle School. Referrals must be received by November 15th to ensure placement of students who qualify during the current school year.</p> <p>Enriched Language Arts: Identification in BOTH the areas of Superior Cognitive Ability AND Reading are required for placement into the Enriched Language Arts Program.</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 (Math/Reading)• 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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For Office Use Only:

Test(s) Needed: _____

Accommodation(s): _____

ASSESSOR: _____ DATE: _____

PLACEMENT DECISIONS:

- Accelerated Math: YES NO
- Reading Cluster: YES NO
- Enriched Language Arts: 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: _____