

Nomination for Gifted Identification and Academic Acceleration

Student's Last Name	Student's First Name		Student's Identification Number
Street Address (Include Apt. No.)	Zip Code	Telephone Number	Date of Birth / /
Social Security Number	Ethnicity	Sex	Parent or Guardian's Name
Current School	Grade	Name of Person Initiating Application	

Referral comments:

For Office Use Only

Include the following documents:	<input type="checkbox"/> Report Cards - current and previous two years	<input type="checkbox"/> Standardized Test Scores - previous two years	<input type="checkbox"/> Permission Form	<input type="checkbox"/> Achievement Scores
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Ohio Administrative Code Category

Superior Cognitive Ability _____

Specific Academic Ability _____

Reading

Mathematics

Science

Social Studies

Creative Thinking Ability _____

Visual or Performing Arts Ability _____

Dance

Drama

Vocal Music

Instrumental Music

Accepted

Not Accepted

Referred for Testing

Cognitive _____

Achievement _____

Consent Letter Sent _____

School Placement

Resource Room

Early Entrance to Kindergarten

Grade Acceleration

Subject Acceleration

Early Graduation

Other

Building Principal

/ /
Date

Return form to:
Hillsdale Local Schools
Andrew Lewellen, Gifted Contact

Last Name:

First name:

ID#: