

Gifted Identification Referral Form

Student Name: _____ ID #: _____

School: _____ Grade: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip Code: _____

Referred by: _____ Referral Date: _____

(Please Print)

Reason for Referral (check one): Gifted Services Whole Grade Acceleration

Position or Relationship to Student: Teacher Parent Legal Guardian Other _____

THIS STUDENT IS REFERRED FOR POSSIBLE IDENTIFICATION IN THE FOLLOWING AREA(S):

Reason for referral

- Whole Grade Acceleration
- Visual/Performing Arts Ability (such as dance, drama, music, or visual arts)
- Superior Cognitive Ability
- Creative Thinking Ability
- Specific Academic Ability
 - Mathematics
 - Reading
 - Writing
 - Science
 - Social Studies

Signature of Person Initiating Referral

Date

Note: A parent/guardian may request assessment through any verbal or written means to the building administrator.

Fall Referral Deadline: Last Friday in September **Spring Referral Deadline:** Last Friday in January

PLEASE COMPLETE THE NEXT PAGE

GIFTED SERVICES PERMISSION FOR ASSESSMENT

Student Name: _____ Student ID #: _____

In giving my permission, I understand that any or all of the following may occur: Review of relevant records, Observation(s) of my child, Interview with parent/guardian/student, Administration of assessments (e.g. cognitive, achievement, aptitude, and any other appropriate measures to determine appropriate placement. The Parma City School District typically uses one of the following assessments:

- Cognitive Abilities Test, CogAT 7
- IOWA Acceleration Scale, 3rd Edition
- Iowa Assessments, Form E, Complete Battery
- Stanford Achievement Test, 10th Ed

Note: Please see the Parma City School website for the complete list of testing instruments administered by the district.

Please answer the following questions to help ensure testing accurately reflects your child's ability and/or achievement.

1. Is a second language spoken in the home: No Yes

If yes, what language(s) _____

2. Does your student have an IEP or 504 Plan? No Yes

If yes, which plan _____

3. Does your student need assistive technology or other accommodations in order to be tested for Gifted Identification? No Yes

If yes, please specify _____

Please use this space to provide any additional information about your child that you feel may affect testing:

PERMISSION

Yes, I give permission for my child to be tested

No, I do not give permission for my child to be tested at this time.

Please Print Parent/Guardian Name

Signature of Parent/Guardian

Date

Please send this signed and completed form to this address:
Parma City School District, Office of Curriculum & Instruction
5311 Longwood Ave. Parma, Ohio 44134