WYOMING
CITY SCHOOLS

Referral to Test for Gifted Identification

Child's Name: _____

Current Grade & School: _____

Person Referring (Name & Relationship to Child): _____

Is your family new to the district?

- ☐ Yes, our family is new to the district.
- ☐ No, our family is not new to the district.

Reason for Gifted Testing Referral:

Please describe why you are requesting gifted identification testing for your child.

_____

_____

_____

_____

I understand that my child will receive one or more assessments administered by designated school personnel, and that the results may be shared with teachers, principals, and other appropriate school staff. I will be informed in writing of the outcome of the testing and whether my child meets the State of Ohio's criteria for gifted identification.

Gifted testing is offered twice per school year—in October and March.
To participate:

- **Fall Testing:** Submit this referral by **October 1**
- **Spring Testing:** Submit this referral by **March 1**

Parents will receive their child's results within 30 days of testing.

- Students identified as gifted in the fall will begin services in **January**.
- Students identified in the spring will begin services at the **start of the following school year**.

_____
Signature

_____
Date

Please return the signed form to Dr. Gina Kirchner, Director of Pupil Services at the Wyoming School District Offices at 420 Springfield Pike, Wyoming, Ohio 45215 or email a completed form to kirchnerr@wyomingcityschools.org