

Pickerington Schools

Referral for Gifted Screening and Identification

Please complete and submit this form to request evaluation of your student for gifted identification. Ohio defines a student who is gifted as one who “performs or shows potential for performing at remarkably high levels of accomplishment when compared to others of their age, experience, or environment” (Ohio Revised Code 3324.01). Please note, this is not a request for any testing other than that with the intent and purpose of evaluating a student for potential gifted identification.

Student's name: _____ Date: _____

School name: _____ Grade level: _____

Parent/guardian name: _____ Phone: _____

Address: _____ Email: _____

Testing Requested:

All students are tested for cognitive gifted identification when in Grade 1, Grade 2, Grade 3, and Grade 11. Referrals are not necessary for the fall window of these years. Additionally all students in Grades 2-8 are tested three times per year via i-Ready assessments for identification as gifted in math or reading. No referrals are needed for those areas.

Please evaluate my student for gifted identification in the following ability areas:

- ☐ Cognitive Ability
- ☐ Science (Grade 9 and higher only)
- ☐ Social Studies (Grade 9 and higher only)

I grant permission for Pickerington Schools to complete all assessments related to this referral at any time during the school year in which the form is received.

Parent/guardian signature: _____ Date: _____

Return this form to Todd Stanley, Todd_St Stanley@plsd.us.