



Gifted Identification Referral Form

Sycamore Community School District provides opportunities for gifted identification through district level screenings and opportunities for parent, teacher, and student referrals. Referrals for assessment of giftedness are initiated through submission of this written form signed by a parent or legal guardian of the student. Once the form is submitted, the Principal will inform the Supervisor of Gifted Programming. The district will then evaluate the student's eligibility using an approved assessment tool through [ODEW](#). The assessment instruments for the screening and identification of gifted and talented students vary by ability area. Students may be identified as gifted in one or more of the following areas: Superior Cognitive Ability, Specific Academic Ability, Creative Thinking, Visual/Performing Arts.

All students in grades K-8 are administered the MAP (Measure of Academic Progress) assessment three times a year (Fall, Winter and Spring). This assessment is approved by the Ohio Department of Education and Workforce to identify students as gifted in reading and/or math for students in grades 2-8.

Additionally, students in grades 2, 4 and 6 are administered the CogAT (Cognitive Ability Test) each fall/winter (depending on grade level). Optional CogAT testing is given to grades K, 1,3, 5, 7, and 8 as well. This assessment is approved by the Ohio Department of Education and Workforce to identify students as gifted in the area of Superior Cognitive Ability.

General Information

Student Name: _____ Birthdate: _____

Current School: _____ Current Grade: _____

Parent/Guardian: _____

Email: _____ Phone #: _____

Requested Identification Area

Superior Cognitive ☐

Specific Academic: ☐ Math ☐ Science ☐ Reading ☐ Social Studies

Creative Thinking ☐

Visual/Performing Arts ☐

Additional Details About Request

I understand that individual assessments may be administered to my child as part of the requested evaluation. I give permission for my child to be evaluated with the appropriate assessment tool which may include a cognitive ability assessment, an academic achievement assessment, and/or an behavioral assessment. I give permission to Sycamore Schools to review my child's academic history and progress.

Signature of Parent/Guardian _____ Date: _____