

APPENDIX A

Gifted Education Program **Referral Form**

GIFTED EDUCATION PROGRAM

Referral Form

A student may be referred for consideration by a parent, teacher, counselor, administrator, peer, self, or anyone else having reason to believe that the student might be intellectually gifted.

Student Name _____	Age _____	Grade _____
Date of Birth _____	Student ID# _____	
School _____	Teacher _____	
Parent/Guardian Name(s) _____		
Address _____		
<i>Street Address</i>	<i>City</i>	<i>State</i>
Phone _____		Alternate Phone _____
Zip _____		

Referral initiated by _____	Relationship to student _____
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Results from the following measures have been gathered to determine the student's referral eligibility to move forward for gifted assessment:

OBJECTIVE MEASURES		
☐ Normed Group Measure of Intelligence	☐ Normed Measure of Cognitive Abilities	☐ Normed Achievement Test
MINIMUM CRITERIA: A score at or above the 90 th percentile	MINIMUM CRITERIA: A score at or above the 90 th percentile	MINIMUM CRITERIA: A total score at or above the 90 th percentile in the areas below
Score - Percentile: _____ ATTACH SCORE REPORT	Score - Percentile: _____ ATTACH SCORE REPORT	Total Reading Percentile: _____ Total Math Percentile: _____ Total Language Percentile: _____ Total Science Percentile: _____ Total Social Studies Percentile: _____ Composite Percentile: _____
Measure: _____	Measure: _____	Measure: _____
Administered by: _____	Administered by: _____	Administered by: _____
Date: _____	Date: _____	Date: _____

SUBJECTIVE MEASURE(S)

☐ Checklist of Gifted Characteristics	☐ Creativity Checklist	☐ Leadership Checklist
MINIMUM CRITERIA: A score at or above the superior range	MINIMUM CRITERIA: A score at or above the superior range	MINIMUM CRITERIA: A score at or above the superior range
Score - Percentile: _____ Measure: _____ Completed by: _____ Date: _____	Score - Percentile: _____ Measure: _____ Completed by: _____ Date: _____	Score - Percentile: _____ Measure: _____ Completed by: _____ Date: _____

LSC REVIEW OF REFERRAL DATA AND RECOMMENDATION

☐ The student has satisfied minimal criteria and shall move forward to the assessment stage. Mark the following provisions if requirements are met: ☐ Special Considerations for Gifted Identification ☐ Twice Exceptional	☐ ☐ The student has not satisfied minimal criteria on at least three measures; however, the LSC feels strongly that additional data, including individual assessment, may be collected and the student reconsidered at that time.	☐ ☐ The student has not satisfied minimal criteria on at least three measures, and the identification process shall stop.
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SIGNATURES OF LSC MEMBERS

_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature

Date	