

Steubenville City Schools

Gifted Identification Referral Form

Please complete both sides of this form.

STUDENT INFORMATION

Person making the referral _____ Relationship to Student _____

Date of referral: _____

Student Name _____ School _____

Teacher _____ Grade _____

Date of Birth _____/_____/_____ Gender (circle one): Male / Female

Parent/Guardian Name(s): _____

Address _____

Phone _____

E-mail _____

_____ **Check here if a student has been identified as needing testing modifications based on ESL, LD, etc.**

AUTHORIZATION for ASSESSMENT FOR GIFTED IDENTIFICATION

I understand that if I grant permission, my child may receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of whether or not my child qualifies for gifted identification. No assessment will be made without your written permission. Please sign below to authorize assessment.

_____ _____

Signature of Parent or Guardian (Required) **Date**

Gifted Identification Areas

The state of Ohio has approved a list of nationally-normed standardized tests to be used for identification. Standardized tests produce two kinds of information:

Superior Cognitive Ability: Students gifted in this area exhibit advanced intellectual ability and reason, or show the potential for reasoning 2-4 grade levels above other students of the same age.

Specific Academic Ability: Students gifted in this area exhibit advanced academic ability and perform, or show the potential for performing at a remarkably high level of accomplishment when compared to others of the same age, experience, or environment.

Other tools (checklists, portfolios, review panels) are used to identify in the following areas:

Creative Thinking Ability: Students gifted in this area exhibit advanced creative thinking ability and clearly demonstrate it to a much greater degree than others of the same age, experience, or environment.
Visual and/or Performing Arts

Note- State-based tests (such as Proficiency, Achievement, or Diagnostic tests) are not nationally-normed and therefore are not used for gifted identification

REFERRAL INFORMATION

Reason

❑ Superior Cognitive Ability

_____
_____

❑ Specific Academic Ability

- ❑ Mathematics _____
- ❑ Science _____
- ❑ Reading _____
- ❑ Social Studies _____

❑ Creative Thinking Ability _____
_____
_____

❑ Visual or Performing Arts Ability

(such as drawing, painting, sculpting, music, dance, drama)please send evidence of the above with this form

_____
_____
_____
_____

Timeline: In accordance with Ohio Revised Code, testing will take place 90 days from the date this completed form is received by the Gifted Ed Dept. Results will be shared with the parents/referring person(s) within 30 days of completion of testing.

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If you have any questions, contact Mrs. Jackie Reeves 740-282-9741 X1114 jreeves@rollred.org

RETURN COMPLETED REFERRAL FORM TO YOUR SCHOOL OFFICE.

For Office Use Only: Date Received _____