

# Gifted Identification Referral Form

For Office Use Only: Date Received \_\_\_\_\_

**Check one:**    \_\_\_ Parent/Guardian Referral    \_\_\_ Student Referral    \_\_\_ Other: \_\_\_\_\_  
                  \_\_\_ Teacher                            \_\_\_ Administrator        \_\_\_ Counselor

## STUDENT INFORMATION

Person making the referral \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Date of referral: \_\_\_\_\_  
Student Name \_\_\_\_\_ School \_\_\_\_\_  
Teacher \_\_\_\_\_ Grade \_\_\_\_\_ ID# \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle one): Male / Female  
Parent/Guardian Name(s): \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_  
E-mail (will be used to notify receipt of form): **PLEASE PRINT CLEARLY** \_\_\_\_\_

## REFERRAL INFORMATION

### Gifted Identification Areas

The State of Ohio has approved a list of nationally-normed standardized tests (ex. InView, Terra Nova, Stanford, Iowa, etc.) 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. CSI or Superior Cognitive Ability = score of 130 (128 or above for InView group test)
- **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. National Percentile (NP) = 95% or above

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.**

**Please attach copies of any scores you may have at this time. Results should include the following for identification**

**Check here if scores are attached.**

**Check here if no scores are found/known.**

OVER

**PREVIOUS IDENTIFICATION**

Was the student formally identified as gifted by a previous school district? (Check one)  Yes  No

If "yes", please complete the following information: Date/Grade of gifted identification: \_\_\_\_\_

School District (that made the identification): \_\_\_\_\_

School: \_\_\_\_\_ Address: \_\_\_\_\_

Contact person in Gifted Ed Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

Did the student participate in a gifted program in a previous district?  Yes  No

If yes, describe: \_\_\_\_\_

**For Office Use Only: PAST SCORES**

___ Superior Cognitive Ability:	___ Creative Thinking Ability	
___ Specific Academic Ability:	___ Reading or Writing	___ Math
	___ Social Studies	___ Science
___ Arts Ability:	___ Visual Art	___ Music
	___ Drama	___ Dance

**Reason for Referral** (use back/additional page if needed):

**AUTHORIZATION for ASSESSMENT FOR GIFTED IDENTIFICATION**

Your child has been referred as a potentially gifted and talented student. Assessments are required to complete the identification process. The following assessments may be administered to your child:

Otis-Lennon School Ability Test; Stanford Achievement Test Series; Cognitive Abilities Test (CogAT 7); Differential Abilities Scale (DAS); Wechsler Individual Achievement Test (WIAT-III); Wechsler Intelligence Scale for Children (WISC-IV); Woodcock-Johnson III (WJ-IV), Tests of Cognitive Abilities; Woodcock-Johnson IV (WJ-IV), Tests of Achievement; Wechsler Preschool and Primary Scale of Intelligence (WPPSI-V)

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.** If you should have questions, please contact the Gifted Education Department.

\_\_\_\_\_ Check here if student has been identified as needing testing modifications based on ESL, LD, etc.

\_\_\_\_\_  
**Signature of Parent or Guardian (Required)**

\_\_\_\_\_  
**Date**

**PLEASE RETURN TO BUILDING PRINCIPAL**

**Timeline:** In accordance of Ohio Revised Code, testing will occur within 90 days from the date this completed form is received by the Gifted Ed Dept for students new to Westerville City Schools. Current students of the district referred for testing will be scheduled in the timeliest manner as possible. Results will be shared with the parents/referring person(s) within 30 days.  
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"I am aware that this child is being referred for gifted ID testing."

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED REFERRAL FORM TO:** Gifted Education Department, attn. Vicki L. Jarrell, District Coordinator, Early Learning Center, 936 Eastwind Drive, Westerville, OH 43081  
fax: 614-797-5701; voice: 614-797-5887.