



GIFTED AND TALENTED REFERRAL FORM

2022-2023

General Information:

Name: _____

School:

- ☐ WES
- ☐ DIS
- ☐ LBMS

Current Grade: _____

Indicate the areas you are requesting for possible gifted or talented identification by checking the correct box(es):

Specific Academic Ability in Math or Reading: Grades K – 1

- ☐ Mathematics MAP Score of **92nd – 99th percentile on 22.23 testing window** (fall, winter, or spring)
 - Grades K to 1 use Math Growth K – 2 Test
- ☐ Reading MAP Score of **92nd – 99th percentile on 22.23 testing window** (fall, winter, or spring)
 - Grades K to 1 use Math Growth K – 2 Test
- ☐ New to District (to be completed upon enrollment in the District)

Specific Academic Ability in Math or Reading: Grades 2 – 8

(students automatically qualify with a score of 95%ile or above)

- ☐ Mathematics MAP Score of **92nd- 94thoile on 22.23 testing window** (fall, winter or spring)
 - Grades 2 to 5 use Math Growth 2-5 test
 - Grades 6 to 8 use Math Growth 6+ test
- ☐ Reading MAP Score of **92nd-94thoile on 22.23 testing window** (fall, winter or spring)
 - Grades 2 to 5 use Reading Growth 2-5 test
 - Grades 6 to 8 use Math Growth 6+ test
- ☐ New to District (to be completed upon enrollment in the District)

Specific Academic Ability in Science or Social Studies: Grade 6

(students automatically qualify with a score of 95%ile and above)

- ☐ Science ITBS Score of 92-94%ile or higher on current winter 22-23 testing
- ☐ Social Studies ITBS Score of 92-94%ile or higher on current winter 22-23 testing

Superior Cognitive Ability (IQ) (qualifying score is 127 for K – 1 and 128 for 2 – 12)

- ☐ K-1 Full Scale of **125 -126** (through private testing)
- ☐ Grades 2-8 Full Scale of **126-127** (based on 2nd or 4th grade score, or private testing)
- ☐ New to District (to be completed upon enrollment in the District)

Visual or Performing Arts

- ☐ Visual Arts
- ☐ Music or performing arts

Please explain why you are referring this child for gifted testing?

Person Initiating Referral:

- ☐ Teacher
- ☐ Parent/Legal Guardian
- ☐ Self
- ☐ Other

Name of Person Initiating Referral:

Relationship to Child:

Date of referral:

Principal's Signature

Date of referral:

Date received by
Academic Services:

Identifying Data	
Name:	Student ID:
Date of Birth:	
Current Teacher(s):	
Parents Names/Guardian Names	
Address:	Contact Number:
Email Address:	
Parents Names/Guardian Names	
Address:	Contact Number:
Email Address:	

Most Recent Standardized Testing	Grade When Tested:	Results:
MAP Math 92% or above		
MAP Reading 92% or above		
Other :		

Assistive Technology:
<p>Does your child or parent need assistive technology or other accommodations in order to attend meetings or understand the content of the written/and or verbal information?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes Please explain and be specific:</p>

Home Language:

Does your child or parent need language accommodations in order to attend meetings or understand the content of the written/and or verbal information?

- ☐ No
☐ Yes Please explain and be specific:

Permission for Assessment for Gifted and Talented Referral:

Your child has been referred for gifted evaluation. Assessments are required for identification purposes. One or more of the following assessments may be administered to your child:

- Cognitive Ability Test (CogAT)
- Iowa Test of Basic Skills (ITBS)
- WISC-V Intelligence Test
- Woodcock Johnson Individual Achievement
- ODE Approved Fine Arts or Music Assessment

No assessment will be completed without your written permission. Please read the information below and return this completed signed form together with the Profile and Referral forms to your building principal by the deadline date. If you have questions, please contact the Department of Academic Services at 250-1259.

By signing this form, I grant permission for designated school personnel to evaluate my child for gifted and talented identification. I understand evaluation results may be shared with teachers, principals, or other appropriate school personnel. I will be informed of whether or not my child is identified as gifted, according to the State of Ohio criteria.

Parent/Guardian Signature:

Relationship to Child:

Today's Date:

PLEASE RETURN THIS SIGNED FORM TO THE BUILDING PRINCIPAL

- ☐ **Fall referral - November 7-18, 2022**

Note: If identified, gifted services in K-4 classes would occur at the semester. If identified, placement in 5-8 courses will not occur until the following year but services will still be provided within the regular classroom.

- ☐ **Spring referral – February 13-24, 2023**

Note: If identified, placement will occur the following year.

- ☐ **New to district** - open referral window throughout the year