

OLMSTED FALLS CITY SCHOOLS GIFTED IDENTIFICATION REFERRAL FORM

Child _____ Grade _____ Teacher _____

If you are referring a student for Gifted Identification (Grades K-12) and Service (Grades 1-8) in the Olmsted Falls City Schools the following scores are required:

Resource Room Placement (Grades 1-8); Two current IQ scores of 129 or higher and 95th percentile or higher in Reading or Math on a state approved test are required. Students meet for a minimum of 225 minutes per week (grades 1-5) and 240 minutes per week (grades 6-8) with the Gifted Intervention Specialist.

Based on this understanding of Identification and Service I wish to refer the student for testing in the following area(s): ✓ the selected area(s) for testing.

Superior Cognitive Ability (a state approved IQ test will be administered);

_____ Grades K-2, 4, 6-8 (3rd and 5th graders will take the CogAT in the fall)

Specific Academic Ability (a state approved achievement test will be administered);

_____ Reading

_____ Math

_____ Science

_____ Social Studies

Creativity (IQ score of 111, grades K-2, 113, grades 3-12) or higher and score of 66 or higher on the Gifted Rating Scales required)

Visual and Performing Arts (portfolio or demonstration of work will be evaluated by a trained assessor)

_____ Dance

_____ Visual Art

_____ Music

_____ Drama

*** Students referred and identified only in an academic area, creativity, or visual/performing arts will be identified for State of Ohio purposes only and will not be served by the Gifted Intervention Specialist.**



OLMSTED FALLS SCHOOLS

GI-3
District form

Permission for Assessment

Student Name _____

Date of Birth: _____

Address: _____

Phone number _____

Parent/Guardian _____

School _____ Grade _____ Referred by _____

_____ Please check here if English is not the first language of this student.

No assessment will be done without your written permission. Please read the information below and return it to the school by the third Friday of September for fall testing and the third Friday of March for spring testing. If you have questions, please contact Mrs. Peggy Morris, Gifted Coordinator, at 440-427-6572.

I understand that if I grant permission my child will 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 according to the State of Ohio criteria for gifted identification. Such identification does not necessarily mean the child will receive gifted services.

Permission is given to conduct the assessment(s)

Signature

Relationship to child

Date

Date received _____