

# 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);** The student must have two current IQ scores in the superior range, as defined by two standard deviations above the mean minus the standard error of measure. One score must be from an individual IQ test. Students must also have a current score at the 95<sup>th</sup> percentile or higher in Reading or Math on a state approved test. Scores are considered current for 24 months. 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 (3<sup>rd</sup> and 5<sup>th</sup> 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
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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)

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Signature

Relationship to child

Date

Date received \_\_\_\_\_