



Educational Service Center
Serving Hardin, Logan, & Shelby Counties

www.mresc.org



"Your Partner in Educational Excellence"

Gifted Education Referral Form

Student Name: _____ Birth Date: _____

School: _____ Grade Level: _____

Person Referring: _____ Referral Date: _____

Relationship: _____

The student above has a referral for possible gifted identification in (check areas):

- Superior Cognitive Ability
- Specific Academic Ability (Please indicate subject area):
- Reading/Writing Mathematics Science Social Studies
- Creative Thinking Ability
- Visual or Performing Arts Ability

Reason(s) for Referral:

- Grade card reflects mostly A's Unchallenged by regular curriculum
- Asks/answers questions above and beyond same age peers
- Enjoys studying and/or performing topics out of school
- Writes/creates using detail and originality

Describe: _____

For any of the reasons marked above, please add any additional information describing your reason for referring this student: _____

Signature of Person Referring: _____ *Date:* _____

Please Return Form to: Sidney City Schools
Gifted Testing
Attn: Brooke Gessler
750 S. Fourth Avenue
Sidney, OH 45365



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Permission for Assessment

Dear Parent(s)/ Guardian(s):

This permission letter has come to you for one of the following reasons:

1. your child has received a referral for possible gifted identification, or
2. your child has taken the IOWA test of Basic Skills (IOWA), Measure of Academic Progress (MAP), or Cognitive Abilities Test (CogAT) as part of the school district's plan for gifted identification, and his/ her score indicates possible gifted identification..

In order to conduct additional assessment, we must – per Ohio law – receive your written permission. We may need to administer one of the assessments listed in our District Policy and Plan to your child, including these:

WJ-IV tests of cognition and/ or achievement

Naglieri Nonverbal 2

Terra Nova Tests of Achievement

Weschler Intelligence Test

IOWA Test of Basic Skills

Cognitive Abilities Test

Please read, sign, and return the permission form below. If you have additional questions or concerns, please contact Brooke Gessler, Curriculum Director at brooke.gessler@sidneycityschools.org.

I understand that, with my permission, designated school personnel will assess my child, _____ (student's name), for gifted identification and that the information received may be shared with teachers, principals, and other appropriate school personnel. I also understand that I will receive notification about my child's identification status – whether he or she meets Ohio's criteria for gifted identification.

Please check below:

I give permission for assessment.

I do not give permission for assessment.

Signature

Relationship to Child

Date

School District

Grade

PLEASE COMPLETE AND RETURN THIS FORM TO:

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Gifted Testing
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