

North Royalton City School District PARENT REFERRAL for GIFTED IDENTIFICATION

Student Name: _____

School: _____

Grade: _____

Is referred for possible identification as gifted in the following area(s):

	Reason
<input type="checkbox"/> Superior Cognitive Ability	_____ _____ _____
<input type="checkbox"/> Specific Academic Ability	_____
<input type="checkbox"/> Reading/Writing	_____
<input type="checkbox"/> Mathematics	_____
<input type="checkbox"/> Science	_____
<input type="checkbox"/> Social Studies	_____
<input type="checkbox"/> Creative Thinking Ability	_____ _____ _____
<input type="checkbox"/> Visual or Performing Arts	_____
Ability, such as drawing,	_____
painting, sculpting, music,	_____
dance, drama (Please note:	_____
Portfolio or performance required)	_____

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.

Permission is given to conduct the assessment(s)*

Permission is denied.

*Granting permission for assessment does not guarantee inclusion in gifted programming services.

Signature of Parent_____
Name of Person Initiating Referral
(Please Print)_____
Position or Relationship to Child
(Please Print)_____
Date_____
Phone_____
Signature of Person Receiving Referral_____
Date

NOTE: A parent may request assessment through any verbal or written means to the building administrator.

PLEASE RETURN TO BUILDING PRINCIPAL