



Fairfield County Educational Service Center

Gifted Identification Referral Form

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

District \_\_\_\_\_

School \_\_\_\_\_

The student above is referred for possible identification as gifted in the following area(s):

\_\_\_\_ Superior Cognitive

\_\_\_\_ Music:

\_\_\_\_ Specific Academic

\_\_\_\_ Vocal

\_\_\_\_ Instrumental

\_\_\_\_ Mathematics

\_\_\_\_ Visual Arts:

\_\_\_\_ Reading

\_\_\_\_ Drawing

\_\_\_\_ Science

\_\_\_\_ Painting

\_\_\_\_ Social Studies

\_\_\_\_ Sculpting

\_\_\_\_ Creative Thinking

\_\_\_\_ Dance

\_\_\_\_ Drama

\_\_\_\_\_  
Signature of Person Initiating Referral

\_\_\_\_\_  
Position or relationship to Child

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving Referral

\_\_\_\_\_  
Date

*Please return to the Building Principal, Gifted Intervention Specialist, or Gifted Coordinator.*



## Permission for Assessment

Your child has been referred as a potentially gifted child. Assessments are required for identification purposes, and no assessment will be done without your written permission. Please read the following information and return this form to the Building Principal, Gifted Intervention Specialist, or Gifted Coordinator as soon as possible. Any questions may be directed to the Building Principal or Gifted Coordinator.

According to Ohio Administrative Code 3301-51-15 and Ohio Revised Code 3324.01-.07, students may be assessed with parent permission in individual and small group settings. If you would like to have your child assessed for gifted identification, acceleration, or early entrance to Kindergarten, please sign and return this form.

The assessment(s) will be conducted during regular school hours. Once testing is complete, you will receive a copy of your child's test results. If you should have any questions or concerns, please feel free to contact the school office for more information.

**I understand that by granting permission, my child may be assessed by designated personnel and 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 for assessment

\_\_\_\_\_ Permission is denied

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

District \_\_\_\_\_

School \_\_\_\_\_

\_\_\_\_\_  
Name of Person Initiating Referral

\_\_\_\_\_  
Position or relationship to Child

\_\_\_\_\_  
Phone Number

Contact Address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Initiating Referral

\_\_\_\_\_  
Date