

Steubenville City Schools
Gifted Identification Referral Form

Please complete both sides of this form.

STUDENT INFORMATION

Person making the referral _____ Relationship to Student _____

Date of referral: _____

Student Name _____ School _____

Teacher _____ Grade _____

Date of Birth ____/____/____ Gender (circle one): Male / Female

Parent/Guardian Name(s): _____

Address _____

Phone _____

E-mail _____

_____ **Check here if student has been identified as needing testing modifications based on ESL, LD, etc.**

AUTHORIZATION for ASSESSMENT FOR GIFTED IDENTIFICATION

I understand that if I grant permission, my child may 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 for gifted identification. No assessment will be made without your written permission. Please sign below to authorize assessment.

Signature of Parent or Guardian (Required)

Date

Gifted Identification Areas

The state of Ohio has approved a list of nationally-normed standardized tests to be used for identification. Standardized tests produce two kinds of information:

Superior Cognitive Ability: Students gifted in this area exhibit advanced intellectual ability and reason, or show the potential for reasoning 2-4 grade levels above other students of the same age.

Specific Academic Ability: Students gifted in this area exhibit advanced academic ability and perform, or show the potential for performing at a remarkably high level of accomplishment when compared to others of the same age, experience, or environment.

Other tools (checklists, portfolios, review panels) are used to identify in the following areas:

Creative Thinking Ability: Students gifted in this area exhibit advanced creative thinking ability and clearly demonstrate it to a much greater degree than others of the same age, experience, or environment.

Visual and/or Performing Arts

Note- State-based tests (such as Proficiency, Achievement, or Diagnostic tests) are not nationally-normed and therefore are not used for gifted identification

REFERRAL INFORMATION

Reason

Superior Cognitive Ability

Specific Academic Ability

Mathematics

Science

Reading

Social Studies

Creative Thinking Ability

Visual or Performing Arts Ability
(such as drawing, painting, sculpting,
music, dance, drama) please send evidence of
the above with this form

Timeline: In accordance of Ohio Revised Code, testing will take place 90 days from the date this completed form is received by the Gifted Ed Dept. Results will be shared with the parents/referring person(s) within 30 days of completion of testing.

Your child has been referred as a potentially gifted and talented student. Assessments are required to complete the identification process. The following assessments may be administered to your child:

Kaufman Brief Intelligence II Test; Wechsler Individual Achievement Test (WIAT-II); Wechsler Intelligence Scale for Children; Woodcock-Johnson III (WJIII), Tests of Cognitive Abilities; Woodcock-Johnson III (WJIII), Tests of Achievement; Naglieri Nonverbal Ability Test (NNAT); Universal Nonverbal Intelligence Test (UNIT)

If you have any questions, contact Mrs. Jackie Reeves 740-282-9741 X1114 jreeves@rollred.org

RETURN COMPLETED REFERRAL FORM TO YOUR SCHOOL OFFICE.

For Office Use Only: Date Received _____