

# Putnam County Gifted Identification Referral Form

Check one:  Parent/Guardian Referral  Student Referral  Other: \_\_\_\_\_  
 Teacher  Administrator  Counselor

## STUDENT INFORMATION

Person making the referral \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Date of referral: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle one): Male / Female

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

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ ID# \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

E-mail (will be used to notify receipt of form): **PLEASE PRINT CLEARLY** \_\_\_\_\_

## REFERRAL INFORMATION

### Gifted Identification Areas

The state of Ohio has approved a list of nationally-normed standardized tests (ex. InView, Terra Nova, Stanford, Iowa, etc.) 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. National Percentile (NP) = 95% or above (Reading, Mathematics, Science and Social Studies)

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.**

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

\_\_\_\_\_  
Position or Relationship to Child

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Building Administrator

\_\_\_\_\_  
Date

Revised 8-13-14

Date Received: \_\_\_\_\_

# Student Profile

## General

What are the child's strengths and interests? \_\_\_\_\_

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Is there any other pertinent information not previously described?

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# PERMISSION FOR SCREENING/TESTING FOR GIFTED IDENTIFICATION

To the Parents/Guardian of: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(child's name)

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Student ID: \_\_\_\_\_

Referred By: \_\_\_\_\_

.....

Your child has been referred as a potentially gifted child. Before a referral is received in the gifted department, our school needs to complete a screening process for your child. Only if your child has qualifying scores can he/she be referred for further testing by the gifted department. These are the criteria based on House Bill 282, and the criteria stated in the gifted brochure available in your school office.

No screening will be done without your written permission. Please read the information below and return it to school as soon as possible.

.....

\_\_\_\_\_ Yes, I grant permission for my child to be screened/tested to determine if he/she meets the criteria to be referred to the gifted department as potentially gifted.

\_\_\_\_\_ No, I do not grant permission for my child to be screened/tested to determine if he/she meets the criteria to be referred to the gifted department as potentially gifted.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# Gifted Identification Referral Form

## Screening Results

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please check each area in which the student is being referred:

- |  |   |
|--|---|
| <input type="checkbox"/> Superior Cognitive Ability        | <input type="checkbox"/> Specific Academic Ability: |
| <input type="checkbox"/> Creative Thinking Ability         | <input type="checkbox"/> Reading                    |
| <input type="checkbox"/> Visual or Performing Arts Ability | <input type="checkbox"/> Mathematics                |
|  | <input type="checkbox"/> Writing                    |
|  | <input type="checkbox"/> Science                    |
|  | <input type="checkbox"/> Social Studies             |

### Assessment for Screening Results:

#### Cognitive Screening

Kaufman Brief Intelligence Test (K-BIT), Edition used: \_\_\_\_\_

Test given by: \_\_\_\_\_ Date Tested: \_\_\_\_\_

Verbal: \_\_\_\_\_ Nonverbal: \_\_\_\_\_ IQ Composite: \_\_\_\_\_

A score of 129 or above in the IQ Composite is required for further testing.

Does the student qualify for further testing based on their **cognitive** score? \_\_\_\_\_

#### Academic Achievement Screening

Kaufman Test of Education Achievement (KTEA), Edition used: \_\_\_\_\_

Test given by: \_\_\_\_\_ Date Tested: \_\_\_\_\_

|                              | Standard Score | Percentile |
|------------------------------|----------------|------------|
| Reading:                     | _____          | _____      |
| Math:                        | _____          | _____      |
| Writing:                     | _____          | _____      |
| Brief Achievement Composite: | _____          | _____      |

A percentile of 94% or above in **one** area is required for further testing.

Does the student qualify for further testing based on their **academic achievement** scores?

If a screening assessment is used for students with disabilities or for whom English is a second language, please list those results in the comments section.