

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? _____

Is there any other pertinent information not previously described?

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.