

## GIFTED SCREENING REFERRAL FORM

This form is to be used for students who show “a high potential for performing at a level significantly above his/her grade and age level peers and qualifying as gifted in accordance with the State of Ohio Standards.” It is not a request for any testing other than with the intent and purpose of possible gifted identification.

Student Name	
Current Building	
Current Grade	
Date Submitted	
Parent/Guardian Name	
Address	
Phone	
Email	
<b>Referral For:</b> All students are tested for possible gifted identification under whole grade assessment in grades 2, 3, 5 and 11 so no referrals are necessary during the Fall window of these years.	<input type="checkbox"/> Superior Cognitive Ability <input type="checkbox"/> Math <input type="checkbox"/> Reading/Language <input type="checkbox"/> Science* <input type="checkbox"/> Social Studies*  <small>*Recommended for grades 5 and higher only</small>

**There are two opportunities each year to request an evaluation for gifted identification. Referrals received after the Spring deadline will be tested during the following school year.**

**1<sup>st</sup> Opportunity Fall: Referral Deadline: September 30<sup>th</sup>**

**2<sup>nd</sup> Opportunity Spring: Referral Deadline: March 1<sup>st</sup>**

**Testing may take place during the regular school day at any time after this form is submitted. Each test takes approximately one hour to complete. Parents/guardians are not notified of the specific date or time of the testing due to the high volume of testing requests that the district receives. The district utilizes a variety of identification instruments from the list of Ohio Approved Gifted Assessments. Testing results will either be sent home with the student or emailed to the parent/guardian email addresses listed in Infinite Campus. Students who have unexcused absences on the day testing takes place in their building may not be tested until the following testing window.**

**I understand that identification does not guarantee formalized gifted services and that my student must meet the criteria set by the Pickerington Local School District to be considered for gifted services. I also understand that all test results will be used for placement in the following school year and that **no placement changes will be made during the current school year based upon the results of this testing.****

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**(Signature grants PLSD permission to complete all assessments related to this referral at any time during the school year in which the form is received.)**

