



# 2019-2020 Gifted Identification Referral Parent Permission to Assess

Students in grades K-12 at Orange Schools may be assessed for gifted identification by referral. “‘Gifted’ means students who perform or show potential for performing at remarkably high levels of accomplishment when compared to others of their age, experience, or environment and who are identified under division (A), (B), (C), or (D) of section 3324.03 of the revised code.” (Ohio Rev. Code Ann. § 3324.01)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Referral submitted by: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Previously Assessed? Yes No Previously Identified? Yes No If yes, areas identified: \_\_\_\_\_

Does student have 504, IEP, or ESL plan with testing accommodations? Yes No If yes, please describe: \_\_\_\_\_

**Please complete BOTH sides of this form.**

**Student is referred for possible identification in the following area(s) and has demonstrated selected characteristics:**

<input type="checkbox"/>	<b>Superior Cognitive Ability:</b> A measure of intellect characterized by the way the brain processes information; Identified with Ability Index > two standard deviations above the norm
Student demonstrates (check all that apply):	
	<input type="checkbox"/> Understands concepts easily and quickly
	<input type="checkbox"/> Has unusually advanced vocabulary for age or grade level
	<input type="checkbox"/> Constantly asks questions; is curious about many things
	<input type="checkbox"/> Has intense emotions; is empathetic to people and events
	<input type="checkbox"/> Has keen sense of humor and sees humor in situations that may not seem humorous to others
	<input type="checkbox"/> Relates better to older children and/or adults
<input type="checkbox"/>	<b>Specific Academic Area – Reading:</b> A measure of reading content knowledge/understanding; Identified with Achievement score > 95%ile
Student demonstrates (check all that apply):	
	<input type="checkbox"/> Reads a great deal on his/her own; likes challenging materials
	<input type="checkbox"/> Reads above-grade level text
	<input type="checkbox"/> Has an extensive vocabulary and good command of language (phonics, grammar, usage)
	<input type="checkbox"/> Makes inferences and draws conclusions
	<input type="checkbox"/> Not only comprehends what is read, but also evaluates and analyzes content
<input type="checkbox"/>	<b>Specific Academic Area – Math:</b> A measure of math content knowledge/understanding; Identified with Achievement score > 95%ile
Student demonstrates (check all that apply):	
	<input type="checkbox"/> Works on math for fun; Enjoys finding and creating mathematical problems to solve
	<input type="checkbox"/> Demonstrates mathematical understandings beyond process and procedure
	<input type="checkbox"/> Finds multiple ways to reach a solution to a problem
	<input type="checkbox"/> Solves above-grade level math problems

<input type="checkbox"/>	<b>Specific Academic Area -Social Studies:</b> A measure of specific content knowledge/understanding; Identified with Achievement score ≥ 95%ile
<input type="checkbox"/>	<b>Specific Academic Area - Science:</b> A measure of specific content knowledge/understanding; Identified with Achievement score ≥ 95%ile
Student demonstrates (check all that apply):	
	<input type="checkbox"/> Possesses a large storehouse of information
	<input type="checkbox"/> Has quick mastery and recall of factual information
	<input type="checkbox"/> Has strong interests and pursues knowledge/understanding on his/her own
	<input type="checkbox"/> Asks questions and makes connections about specific topics of study
<input type="checkbox"/>	<b>Creative Thinking Ability:</b> A measure of ability to imagine and invent; Identified with Ability Score ≥ one standard deviation above the norm and an ODE determined behavior checklist score.
Student demonstrates (check all that apply):	
	<input type="checkbox"/> Frequently takes risks
	<input type="checkbox"/> Is innovative; produces unusual, unique, clever responses and products
	<input type="checkbox"/> Displays intellectual playfulness; fantasizes imagines (“I wonder what would happen if...”)
	<input type="checkbox"/> Manipulates ideas; seeks solutions by adapting, organizing, improving, and modifying
	<input type="checkbox"/> Is self-assertive and individualistic; persistent in his/her beliefs
<input type="checkbox"/>	<b>Visual and Performing Arts – Art:</b> Extraordinary artistic talent when compared to students of similar age/experience; Identified with a behavior checklist and art portfolio of original works.
<input type="checkbox"/>	<b>Visual and Performing Arts – Music:</b> Extraordinary musical talent when compared to students of similar age and experience; Identified with behavior checklist and audition.
<input type="checkbox"/>	<b>Visual and Performing Arts – Drama:</b> Extraordinary dramatic talent when compared to students of similar age and experience; Identified with a behavior checklist and audition.
<input type="checkbox"/>	<b>Visual and Performing Arts – Dance:</b> Extraordinary dance talent when compared to students with similar age and experience; Identified with a behavior checklist and audition.

Students may be assessed up to twice per school year. Referrals may be submitted at any time. Testing will occur within 90 school days of submission. Placement considerations will be made in November for mid-year and in April for the following year. Please see chart below.

Referral submitted:	Testing:	Placement consideration for:
March - September	October - November	Second Semester
October - February	March - April	First Semester

Students who score within the screening range will be re-assessed. For more information about gifted identification assessment, please see the District Plan for the Identification of and Services for Students Who Are Gifted.

- I give permission for my child to take any necessary assessment(s) in the area(s) checked above. I understand my child may miss classroom instruction for this assessment and that I will be notified in writing of test results when testing is complete.

---

Signature of Parent/Guardian

Date

I would like to receive testing results via:

- Email (please print clearly) \_\_\_\_\_  
 U.S. Mail

PLEASE RETURN TO GIFTED COORDINATOR