



Fairfield County Educational Service Center

Gifted Identification Referral Form

Student Name _____ Grade _____ DOB ____/____/____

District _____ School _____

The student above is referred for possible identification as gifted in the following area(s):

____ Superior Cognitive

____ Music:

____ Specific Academic

____ Vocal

____ Instrumental

____ Mathematics

____ Visual Arts:

____ Reading

____ Drawing

____ Science

____ Painting

____ Social Studies

____ Sculpting

____ Creative Thinking

____ Dance

____ Drama

Signature of Person Initiating Referral

Position or relationship to Child

Phone Number

Date

Signature of Person Receiving Referral

Date

***Please return to the Building Principal, Gifted Intervention Specialist,
or Gifted Coordinator.***



Permission for Assessment

Your child has been referred as a potentially gifted child. Assessments are required for identification purposes, and no assessment will be done without your written permission. Please read the following information and return this form to the Building Principal, Gifted Intervention Specialist, or Gifted Coordinator as soon as possible. Any questions may be directed to the Building Principal or Gifted Coordinator.

According to Ohio Administrative Code 3301-51-15 and Ohio Revised Code 3324.01-.07, students may be assessed with parent permission in individual and small group settings. If you would like to have your child assessed for gifted identification, acceleration, or early entrance to Kindergarten, please sign and return this form.

The assessment(s) will be conducted during regular school hours. Once testing is complete, you will receive a copy of your child's test results. If you should have any questions or concerns, please feel free to contact the school office for more information.

I understand that by granting permission, my child may be assessed by designated personnel and the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of whether or not my child qualifies, according to the State of Ohio criteria, for gifted identification.

_____ **Permission is given for assessment**

_____ **Permission is denied**

Student Name _____ **Grade** _____ **DOB** ____/____/____

District _____ **School** _____

Name of Person Initiating Referral

Position or relationship to Child

Phone Number

Contact Address _____

Signature of Person Initiating Referral

Date