



Groveport Madison Schools
Gifted Education
4400 Marketing Place, Suite B
Groveport, OH 43125
(phone) 614-492-2520

Gifted Assessment Referral Form

*Note: Person initiating referral completes first 2 pages of forms.
Parent/Guardian Completes the permission form on page 3.

Referred by: _____

Relation to student:

- Teacher
- Parent
- Legal Guardian
- Other (specify) _____

Child's Name: _____ Date of Birth: _____ Gender: _____

School: _____ Teacher: _____ Grade: _____ Student ID: _____

Legal Guardian: _____ Phone: _____

Address including city/zip code: _____

Parent/Guardian email: _____

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

***Reason: (Describe specific student behaviors in each referred academic area that can help indicate potential giftedness. Please do not include test scores here.)**

Superior Cognitive Ability

Reason: _____

Specific Academic Ability

- Reading
- Mathematics
- Science
- Social Studies

Reason: _____

Signature of Person Initiating Referral Position or Relationship to Child Phone Date

Signature of Building Administrator Date

PLEASE RETURN FULLY COMPLETED FORM TO BUILDING ADMINISTRATOR

Building Administrator: If all parts are not completed fully, including the *final permission page*, please return to person referring the student. Once Complete: Please sign and forward to Dr. Jana Alig at the District Service Center.



Student Profile

What are the child's strengths and interests? Please attach student work samples that support that the student is working above grade level. _____

Is there any other pertinent information not previously described? _____

Does the child or parent need assistive technology or other such accommodations in order to attend meetings or understand the content of written and/or verbal information? _____

Please specify/explain: _____

Please leave chart blank. For Gifted Department Use Only

<u>Most Recent Standardized Tests</u> (ex., MAP, Terra Nova, In-View.) <u>Not OAA Scores</u>	<u>Age When Tested</u>	<u>Grade When Tested</u>	<u>Results</u>



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**PERMISSION for Gifted
SCREENING and ASSESSMENT**

To be filled out by Parent/Guardian:

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 for gifted and talented screening either by you or by someone who knows your child. Before a referral is received in the gifted department, this entire packet must be completed and sent to your building administrator for his/her signature. The criteria used for gifted identification, is based on Ohio House Bill 282 and the Ohio Department of Education. Information about these requirements can be found on the Groveport Madison School Website.

No screening will be completed without your written permission below. This screening will take place within one month of the referral being received in the gifted office. Please read the information below and return it to your child's school as soon as possible. Do not separate permission slip from the referral packet.

_____ Yes, I grant permission for my child _____ to be assessed to determine if he/she meets the State required criteria for gifted identification

_____ No, I do not grant permission for my child _____ to be assessed to determine if he/she meets the State required criteria for gifted identification

Parent/Guardian's Signature

Date