

Gifted Identification Referral Form

Referred by: _____

Teacher

Parent

Legal Guardian

Other (specify) _____

Child's Name: _____

Date of Birth: _____

School ID #: _____ Grade: _____ School: _____ Teacher: _____ Parent/Guardian: _____

The Ohio Department of Education defines a gifted student as one who performs or shows potential for performing at remarkably high levels of accomplishment when compared to others of their age, experience, or environment in one of the gifted areas. To be identified as gifted, a student must be assessed using one of the instruments approved by the Ohio Department of Education and must score in a defined range. To keep the child from being unduly assessed, select only the area or areas where you feel the child is showing remarkably high levels of accomplishment. This student is referred for possible identification as gifted in the following area(s):

Superior Cognitive Ability Reason for requesting testing: _____

Specific Academic Ability

Mathematics Reason for requesting testing: _____

Reading Reason for requesting testing: _____

Visual or Performing Arts Ability Reason for requesting testing: _____

Please return to Curriculum Office at Princeton Administration Center 3900 Cottingham Drive Cincinnati, Ohio 45241

I understand that by granting permission, my child may receive assessments by designated school personnel and that the results of this testing may be shared with teachers, principals, and other appropriate school personnel. I will also be informed of the results of any assessments as required by law.

Parent/Guardian Signature

Date

Phone Number



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