



## Gifted Education Referral Form

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
 Person Referring: \_\_\_\_\_ Referral Date: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

*The student above has a referral for possible gifted identification in (check areas):*

- Superior Cognitive Ability
- Specific Academic Ability (Please indicate subject area):
- Reading/Writing  Mathematics  Science  Social Studies
- Creative Thinking Ability
- Visual or Performing Arts Ability

*Reason(s) for Referral:*

- Grade card reflects mostly A's  Unchallenged by regular curriculum
- Asks/answers questions above and beyond same age peers
- Enjoys studying and/or performing topics out of school
- Writes/creates using detail and originality

Describe: \_\_\_\_\_

\_\_\_\_\_

For any of the reasons marked above, please add any additional information describing your reason for referring this student: \_\_\_\_\_

*Signature of Person Referring:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Please Return Form to: Midwest Regional Educational Service Center  
 Attn: Erica Baer, Director of Student Achievement  
 129 E. Court St.  
 Sidney, OH 45365

## Permission for Assessment

Dear Parent(s)/Guardian(s):

You are receiving this permission form for one of two reasons: either your child has been referred for possible gifted identification, *or* your child was given the Cognitive Abilities Test/the IOWA test of Basic Skills as a part of our district plan for identifying gifted students. His/her score revealed that he/she needs further testing for possible gifted identification. We may need to administer one or more of the following assessments to determine whether your child identifies as gifted:

*Woodcock Johnson, IOWA, CogAT, Terra Nova, or WISC.*

No assessment may occur without your written permission. Please read and complete the information below; then, return it to the ESC. If you have questions, please contact:

Erica Baer

Director of Student Achievement

Email: [ebaer@mresc.org](mailto:ebaer@mresc.org)

*I understand that, if I grant permission, my child \_\_\_\_\_ (Student's full name) will receive assessments(s) by designated school personnel and that teachers, principals, and other appropriate school personnel will have access to needed information. Upon completion of testing, school or ESC personnel will inform me whether child qualifies according to the State of Ohio criteria for gifted identification.*

I give permission to assess my child.       I deny permission to assess my child.

Signature \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Date \_\_\_\_\_ Name of School \_\_\_\_\_

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Erica Baer

Director of Student Achievement

Email: [ebaer@mresc.org](mailto:ebaer@mresc.org)

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