



# Gifted Identification Referral Form

Coldwater Exempted Village Schools  
(Two-Page Form – Complete and Submit Both Pages)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

**I am this student's (Check One):**

Teacher     Parent     Legal Guardian     Other (Specify) \_\_\_\_\_

***THIS STUDENT IS REFERRED FOR POSSIBLE IDENTIFICATION AS GIFTED  
IN THE FOLLOWING AREA(S):***

**Reason**

Superior Cognitive Ability \_\_\_\_\_  
\_\_\_\_\_

Specific Academic Ability  
 Math \_\_\_\_\_  
 Reading \_\_\_\_\_  
 Science \_\_\_\_\_  
 Social Studies \_\_\_\_\_

Creative Thinking \_\_\_\_\_

Visual or Performing Arts Ability \_\_\_\_\_  
(such as drawing, painting, sculpting, music, dance, drama)

**NOTE:** Referring a student for Visual or Performing Arts Identification should include your building's Gifted Intervention Specialist. There is a separate nomination form and student profile sheet, as well as portfolios and/or performances which will be evaluated based on Ohio Department of Education rubrics.

**Services vary from district to district, service may or may not be offered in one of these areas.**

\_\_\_\_\_  
Signature of Person Initiating Referral

\_\_\_\_\_  
Date

**NOTE:** A parent/guardian may request an assessment through any verbal or written means to the building administrator.



# GIFTED SERVICES PERMISSION FOR ASSESSMENT

To the Parent/Guardian of: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

## WHY WE ARE ASKING TO ASSESS YOUR STUDENT

- The Gifted Services Office has received a referral for your child from: \_\_\_\_\_.
- Your child met the screening cut score on the following test: \_\_\_\_\_.

## ABOUT THE ASSESSMENT

All instruments used must be on the Ohio Department of Education’s Chart of Approved Gifted Identification/Screening Instruments including screenings for Specific Academic Abilities (WJIV). The Coldwater Exempted Village School District typically uses one or more of the following testing instruments:

- Woodcock-Johnson IV (WJ-IV), Tests of Cognitive Abilities
- Cognitive Abilities Test (CogAt) Form 7
- InView
- Iowa Assessments
- Stanford Achievement Test
- TerraNova, 3<sup>rd</sup> Edition, Complete Battery
- Woodcock-Johnson IV, Tests of Achievement NU

## PLEASE RESPOND TO THE FOLLOWING IMPORTANT QUESTIONS:

1. Is a second language spoken in the home:  NO  YES  
(If YES, what language(s) \_\_\_\_\_)
2. Does your student have an IEP or 504 Plan?  NO  YES  
(If YES, which plan \_\_\_\_\_)
3. Does your student need assistive technology or other accommodations in order to be tested for Gifted services?  NO  YES  
(If YES, please specify \_\_\_\_\_)

**Please use this space to provide any additional information you would like to include (continue on the reverse side of this form if necessary).**

## PERMISSION – PLEASE COMPLETE AND SIGN AND RETURN IN THE PROVIDED ENVELOPE

Student’s Birth Date: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

- Permission is **GRANTED** to conduct individual testing for my student for superior cognitive and/or specific academic abilities.
- Permission is **DENIED** – I do not want testing conducted for my student.

\_\_\_\_\_  
Please Print Parent/Guardian Name                      Signature of Parent/Guardian                      Date Signed