

Tecumseh Local Schools

Referral Form – Gifted Identification Screening

For use by Teachers and Parents to Initiate the Screening/Identification Process for Gifted Students

Child _____ Month/Year of Birth _____ Phone _____
 Street Address _____ City & Zip Code _____
 School/Teacher (if known) _____ Grade _____ (Student # _____)

Please check the following areas in which screening is requested for this child.
State reasons in the space provided and complete the appropriate checklist on the other side of this form.

Reason

- Superior Cognitive Ability (Grade 3 and up) _____
 Specific Academic Ability _____
- Mathematics (Grades 1-12) _____
- Reading/Writing (Grades 1-12) _____
- Science (Grades 3-12 only) _____
- Social Studies (Grades 3-12 only) _____
- Creative Thinking Ability (Grade 2 and up) _____

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

**PLEASE RETURN to the building principal at your school
 or mail to the Director of Gifted Services at 10000 West National Road, New Carlisle, OH 45344.**

* Parents, please complete the *Parent Permission for Assessment* form below:

The screening process begins by reviewing existing data from sources including, but not limited to State testing results, district cumulative folder records, and interviews with past and present teachers. Students who have demonstrated a high level of accomplishment will proceed to the assessment level where additional testing in accordance with State standards may be needed. Gifted specialists and/or the school psychologist using State-approved assessment measures will be administering these assessments. Your written permission is necessary for this screening evaluation to occur. Please sign the form below as verification that you understand the process as stated.

Parent Permission for Assessment

I understand that by signing this form, I give permission for my child to be evaluated by designated school personnel and for any additional assessments to be administered should they be necessary as part of the screening process. I will be informed of whether or not my child is identified as gifted according to the State of Ohio criteria in the areas in which my child was screened. I know that the results may be shared with teachers, principals, and other appropriate school personnel.

Parent/Guardian Signature _____ Date _____