

GIFTED IDENTIFICATION REFERRAL FORM

Student Name: _____ Date: _____

Teacher: _____ School: _____ Grade: _____

Referral Initiated by:

 Gifted Services Teacher Parent Student Counselor

This student is referred for possible identification in the following areas:

Grades PK-2: Superior Cognitive AbilityGrades 3-12: Superior Cognitive Ability
 Academic Subject (Social Studies, Science, Math, Language Arts)

(Subject(s): _____)

 Grades K-12: Visual & Performing Arts
 (Requires portfolio review or performance)

Parent/Guardian:

Your child has been referred for testing to determine gifted identification. Students can be identified in numerous areas; superior cognitive ability, a specific academic area (language arts, math, social studies, or science), creativity, or the visual and performing arts.

If identified, the Edgewood City Schools will make every effort to provide appropriate educational services. The service for Edgewood students identified as gifted varies by grade level and area of identification.

Gifted testing occurs twice per year, in January and May. You will receive a letter indicating the results within 30 days of testing. The Coordinator of Gifted Services will make every effort to contact you personally to discuss the results and their implications.

I give permission for my child to be assessed for purposes of gifted identification.

Parent/Guardian Signature_____
Date