



# PIQUA CITY SCHOOL DISTRICT

Gifted Services Department • 215 Looney Road • Piqua, Ohio 45356

• (937) 773-4321 • Fax: (937) 778-4517

## Testing Referral for Gifted Identification

The Ohio Department of Education encourages teachers, parents, principals, students and community member to refer individuals for gifted identification assessments. This form is appropriate for anyone wishing to refer a student for gifted assessments. Individual referral forms are necessary for compliance with Ohio Administration Code 3301-51-15. If you have questions, please contact the gifted intervention specialist at your building or the Coordinator of Gifted Services at the Board Office. Only one student name may be on this form. Return this form to the Gifted Services Department at the Board of Education Office. This form must be signed by the parent in order for assessment to occur.

Student Name \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_ Date \_\_\_\_\_

D.O.B \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Email and Phone \_\_\_\_\_  
Home Phone Cell Phone Email Address

### Check Area(s) Referred for Testing:

### Reason

Superior Cognitive Ability

#### Specific Academic Area

Mathematics

Reading

Science (Gr. 3+)

Social Studies (Gr. 3+)

Creative Thinking

Visual or Performing Arts Ability

Please specify music, vocal, or  
Instrumental, art medium, dance  
or drama

Early Entrance to Kindergarten

*(If the child turns 5 after August 1<sup>st</sup>, an early entrance referral may only be made by a psychologist, pediatrician, district teacher, gifted specialist, district administrator or parent.)*

Subject Acceleration

(Current Grade/Area \_\_\_\_\_ to Accelerated Grade/Area \_\_\_\_\_)

Grade Acceleration

(Current Grade \_\_\_\_\_ to Accelerated Grade \_\_\_\_\_)

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

\_\_\_\_\_  
Position or Relationship to Child

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of parent/legal guardian required for assessment to occur

\_\_\_\_\_  
(Date)