



# Chagrin Falls Exempted Village Schools

## Referral for Assessment for the Purpose of Gifted Screening/Identification

**YOU MAY CHOOSE TO COMPLETE THE FORM HERE: <https://tinyurl.com/CFReferral20-21>**

Teachers and others may use this form to refer students who demonstrate characteristics of giftedness for further assessment. Information regarding characteristics of gifted students can be found by visiting: <http://tinyurl.com/characteristics-gifted> This form is used to secure parent/guardian permission for assessment.

Date of Referral: \_\_\_\_\_ Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Person Referring Student: \_\_\_\_\_ Phone: \_\_\_\_\_

### Relationship to student:

Parent/Guardian  Teacher  Student (self-referral)  Other: \_\_\_\_\_

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As of the 2020-21 school year, grade level assessments are administered to all students in the following areas which are reviewed as part of our full-grade level **screening for gifted identification**.

- Cognitive Ability, Creative Thinking Ability: Grades 2, 4
- Reading: Grades 2-8, 9, 10, 11
- Mathematics: Grades 2-8, 9, 10, 11

Parent/Guardian consent is not required for the tests listed above which are administered to **all** students in a particular grade level; however, parent/guardian permission is required for all other gifted assessments.

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**Area(s) of Requested Assessment for the Purpose of Gifted Identification** (check all that apply). Please note that children identified as gifted from a previous grade do not need to be retested in order to keep the identification status. Similarly, families are encouraged to work with their Guidance Counselor and/or Gifted Coordinator to determine **whether an identification as gifted is needed to match the student with the appropriate services**. **Only the areas identified below with an "\*" are served within our district. Gifted ID and/or other test scores must be in place by the end of the May 15 – June 15 Gifted Assessment Window to inform gifted/advanced course eligibility for the next school year.**

- Mathematics\*  Reading\*  Science  Social Studies
- Cognitive Ability\*  Creative Thinking  Visual and/or Performing Arts - specify area(s): \_\_\_\_\_

**Teachers** - Please return completed referral form to the school Guidance Counselor or Principal.  
**Parents/Guardians** - Please complete the *Consent for Assessment* portion below and return to your child's Counselor or Principal no later than the day prior to the 1<sup>st</sup> day of the requested Gifted Assessment Window.

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**To be completed by Parent/Guardian - Consent for Assessment**  
I understand that if I grant permission and submit this signed form to the school by the day before a **District Gifted Assessment Window** commences, my child will receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. Assessment will occur during the next identified **District Gifted Assessment Window (August 15 - September 15, November 15 - December 15, February 15 - March 15, and May 15 - June 15)**. I will be informed as to whether or not my child is identified as gifted, according to the State of Ohio criteria, within 30 days of assessment. If a student's score in a particular assessment area falls at the screening criteria, but below the identification criteria, an additional test administration will be offered; gifted assessment in a particular area will be available up to twice per school year, as requested per student.

- Permission is given to conduct the assessment(s)  Permission is denied

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