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/GiftedReferral22-23

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 2021-22 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 1st 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 _____