



Gifted Identification Assessment Referral

Student Name _____

Student ID# _____ School _____ Grade _____

Date of Birth _____ Gender _____ Race _____

ELL? _____ Language? _____ IEP? _____

PERMISSION FOR ASSESSMENT

Select area(s) for gifted assessment:

- Cognitive Ability Reading Science
 Creative Thinking Ability Math Social Studies
 Visual/Performing Arts (circle): Visual Drama/Theatre Music Dance

Reason for referral (give specifics about test scores, etc.) _____

Person initiating referral _____

Relationship to student _____
(Teacher, GIS, Parent, Counselor, Administrator, Student, etc.)

Print Parent/Guardian Name _____ Date _____

Address _____ City _____ Zip _____

Daytime Phone Number _____

Signature of Parent/Guardian _____

Return this referral form to the Office of Gifted Services
115 S. Ludlow St. Dayton OH 45402
or FAX to 937-542-3091
or attach to email – hkardeen@daytonpublic.com

Questions? Contact Hindy Gruber, DPS Gifted Associate Director, at 542-3533 or
hgruber@daytonpublic.com

School Secretary – If this is returned to your building, please send to Heather Kardeen at Administration Building - Gifted