



## 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. 2N #500, Dayton OH 45402  
**or** FAX to 937-542-3593  
**or** attach to email – hkardeen@dps.k12.oh.us

Questions? Contact Hindy Gruber, DPS Gifted Director, at 542-3533 or hgruber@dps.k12.oh.us

*School Secretary – If this is returned to your building, please send to Heather Kardeen at Administration Building,  
Gifted, 2N #500*