Gahanna-Jefferson Public Schools

160 South Hamilton Road ~ Gahanna, Ohio 43230
614.471.7065 ~ (Fax) 614.478.5568

REFERRAL FOR TESTING FOR POSSIBLE GIFTED IDENTIFICATION AND/OR SERVICE

I would like to refer the following student for testing to determine possible gifted identification and/or service from the Gifted and Talented Education (GATE) program.

Student's Name: ___________________________ Grade: ______ Current School: ________________________

Referred by: ____ Relationship to Student: ____________________

Parent/Guardian Name: ____

Parent/Guardian Phone: _________________________ Email: ____

Reason for Referral: ____

Please indicate with a check mark the area(s) to be assessed:

_________ Superior Cognitive Ability

_________ Specific Academic Ability in Reading

_________ Specific Academic Ability in Math

Please select one of the following two statements below regarding your child's participation in testing, and sign this form. As soon as the testing is completed and scored, you will be sent written documentation with the results. **Please note: If you have given permission to test, assessments will be administered when the evaluator is available in your student's building.**

_________ I **give** permission for my child to participate in the testing of the above initialed area(s) for possible gifted identification.

_________ I **do not give** permission for my child to participate in the testing of the above area(s) for possible gifted identification.

Parent/Guardian Signature: ____ Date: _____________

Please return this form to your child's school principal/office.