

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

Referrals are accepted between April 1 - May 1 and August 1 - September 1; referrals outside of those dates will be held until the next referral window.

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.