



Adams County Ohio Valley Gifted Identification Referral Form

Note: Person initiating referral fills in both sides of form.

Referred by: _____
(name)

Teacher
 Parent
 Legal Guardian
 Other (specify) _____

Child's Name: _____ Date of Birth: _____

School: _____ Teacher: _____ Grade: _____ Student ID: _____

Legal Guardian: _____ Phone: _____

Address: _____

This student is referred for possible identification as gifted in the following area(s):

Superior Cognitive Ability

Evidence/Data: _____

Specific Academic Ability

Mathematics Reading Writing Science Social Studies

Evidence/Data: _____

Creative Thinking Ability

Evidence/Data: _____

Visual Arts, Theatre/Drama, Music, Dance

Evidence/Data: _____

Signature of Person Initiating Referral Position or Relationship to Child Phone Date

Email of Person Initiating Referral _____

Signature of Person Receiving Referral Date

Student Profile

Was the student formally identified as gifted by a previous school district ___ Yes ___ No
 If "yes" please complete the following information: Date/Grade of gifted identification: _____
 School District making identification: _____
 School: _____ Address: _____
 Contact person in Gifted Ed Depart. _____ Phone: _____
 Did the student participate in a gifted program in previous district? ___ Yes ___ No
 If "yes" please describe: _____

What are the child's strengths and interests?

Is there any other pertinent information not previously described?

Most Recent Standardized Tests (ex. ITBS, CogAT, WIAT II, WJ III)	Age When Tested	Grade When Tested	Results

To be completed after screening/assessment:

A team met on _____.

The following actions were recommended:

Please return to:
 Coordinator of Gifted
 Adams County Ohio Valley Schools
 141 Lloyd Road
 West Union, OH 45693
 Phone: 937-544-5586 ext 17120
 Fax: 937 544-3720

Fall testing referral deadline: October 1
 Spring testing referral deadline: March 1