Gifted or Acceleration Referral and Permission Form

Student Name __________________________   ID# _______________   Gender _____________

Birthdate _______________   School __________________________________ Grade ___________

Address ______________________________________________________________ Street Address
City State Zip

Phone and Email ______________________________________________________________

Check Area(s) Referred for Testing & Explain your reasoning below:

☐ Superior Cognitive Ability
☐ Creative Thinking

☐ Visual and Performing Arts
☐ Art
☐ Music
☐ Dance
☐ Drama

☐ Subject Acceleration
Subject Area: ____________________________

☐ Early Entrance to Kindergarten
(If the child turns 5 after September 30th, an early entrance referral may only be made by a psychologist, pediatrician, district teacher, gifted specialist, district administrator or parent.)

☐ Grade Acceleration
(Current Grade _____ to Accelerated Grade_____

Reason(s) for Referring for Specific Test(s):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

If you have questions, please contact: Jessica Boswell boswelj@cpsboe.k12.oh.us or (513) 363-0302

I understand that if I grant permission, my child will receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of whether or not my child qualifies, according to the State of Ohio criteria, for gifted identification.

Parent / Guardian Signature / Relationship to Child

Date: __________

Print Parent/Guardian Name: __________________________________________________________

Signature of Gifted Manager / School Administrator

CPS STAFF ONLY: Please email the completed form to Jessica Boswell: boswelj@cpsboe.k12.oh.us
Parents should return this form to the school. Also, please allow up to 30 days for the form to be reviewed by DSS and the test website/materials prepared by Test Administration.