



### Gifted or Acceleration Referral and Permission Form

Student Name \_\_\_\_\_ ID# \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Phone and Email \_\_\_\_\_  
Cell Phone Email Address

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

- Superior Cognitive Ability
- Creative Thinking

**Visual and Performing Arts**

- Art
- Music
- Dance
- Drama

**Specific Academic Area**

- Reading
- Math
- Science
- Social Studies

**Subject Acceleration**

Subject Area: \_\_\_\_\_

**Early Entrance to Kindergarten**

*(If the child turns 5 after September 30<sup>th</sup>, 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](mailto: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](mailto: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.