Gifted Identification Assessment Referral

Student Name ________________________________________________________________

Student ID# _____________ School ____________________________ Grade ______

Date of Birth ______________ Gender ______________ Race ___________________

ELL? __________________ Language? ___________ IEP? ___________________

PERMISSION FOR ASSESSMENT

Select area(s) for gifted assessment:

□ Cognitive Ability □ Reading □ Science

□ Creative Thinking Ability □ Math □ Social Studies

□ Visual/Performing Arts (circle): Visual Drama/Theatre Music Dance

Reason for referral (give specifics about test scores, etc.) __________________________

Person initiating referral ______________________________________________________

Relationship to student _______________________________________________________

(Teacher, GIS, Parent, Counselor, Administrator, Student, etc.)

Print Parent/Guardian Name ___________________________ Date ________________

Address _______________________________ City ___________ Zip________

Daytime Phone Number _________________________________________________________

Signature of Parent/Guardian ___________________________________________________

Return this referral form to the Office of Gifted Services
115 S. Ludlow St. Dayton OH 45402
or FAX to 937-542-3091
or attach to email – hkardeen@daytonpublic.com

Questions? Contact Hindy Gruber, DPS Gifted Associate Director, at 542-3533 or hgruber@daytonpublic.com

School Secretary – If this is returned to your building, please send to Heather Kardeen at Administration Building - Gifted