## Little Miami School District Referral for Testing for Gifted Identification

## 2018-2019

Student Name		Date	
Parent/		School	
Street Address		Teacher	
City, State, Zip		Grade	
Phone #(s)	H- C-	Parent/Guardian	
Parent/Guardian		email Address	
Name(s)			Revised: 8/20167

Please mark areas to be tested				
Superior Cognitive Ability				
Specific Academic Area				
Reading	(grades 2-8 are automatically assessed three times this year)			
Math	(grades 2-8 are automatically assessed three times this year)			
Science (Gr.3+)				
<ul> <li>Social Studies (Gr.3+)</li> </ul>				
Creative Thinking				
Visual and Performing Arts	(This requires additional performances and/or pieces of work that are completed at home)			
• Art				
• Music				
Dance				
Drama				

Reason for the referral and/or additional information that supports reasons for gifted screening: (provide examples such as Super Saturday participation, outside assessments, etc.)

Signature of Person Initiating Referral	Relationship to Student	Date

Parent/Guardian signature (Required for Testing)	Date

## Please return the completed form to your building principal:

Maryann Duffy, Harlen-Butlerville Primary Teresa Reynolds, Hamilton-Maineville Primary Ryan Cherry, LM Junior High

Lisa Smith, Salem Township Elementary Alison Gates, LM Intermediate School Cathy Trevathan, LM High School

2018-2019 Gifted Identification Time frames					
Referrals Received by Gifted Liaison	Student Testing Window	Results Sent Home			
Friday, 10/05/18	10/8/18 - 11/20/18	11/26/18 – 12/14/18			
Friday, 3/8/19	3/18/19 – 4/18/19	4/23/19 – 5/17/19			