

Today's Date: _____

Admin Approval: _____

Building: _____

Gifted Referral and Records Review

The Ohio Department of Education definition: "Gifted students perform or show potential for performing at remarkably high levels of accomplishment when compared to others of their age, experience, or environment."

Student's Name: _____ Grade/Teacher: _____ DOB: _____

Please list 3 student strengths: _____

Educational Background (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> New to district | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> OT | <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Attendance Issues |
| <input type="checkbox"/> Previous I.A.T. | <input type="checkbox"/> Other | |

Reasons for referral (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Specific Academic Abilities | <input type="checkbox"/> Superior Cognitive Ability |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Visual/Performing Arts |
| <input type="checkbox"/> Math | <input type="checkbox"/> Creative Thinking |
| <input type="checkbox"/> Science | |
| <input type="checkbox"/> Social Studies | |

Directions: Using the 9-point rating scale next to each item rate your impression of the student relative to the following item descriptors. Indicate your rating by circling the appropriate number. Do not place circles between two numbers. Base your ratings on your knowledge of and experience with all the children you have known who are the targeted student's age. Answer all items. When rating each item, think about the child in the following way: Compared to average children of the same age, rate the student in terms of:

Superior Cognitive Ability	Below	Average	Above
1. Learning facts quickly	1...2...3	4...5...6	7...8...9
2. Comprehending abstract ideas and concepts	1...2...3	4...5...6	7...8...9
3. Enjoying challenging problems	1...2...3	4...5...6	7...8...9
4. Making quick and valid generalizations	1...2...3	4...5...6	7...8...9
5. Reasoning things out	1...2...3	4...5...6	7...8...9
6. Grasping relationships between stimuli	1...2...3	4...5...6	7...8...9
7. Solving difficult and unique problems	1...2...3	4...5...6	7...8...9
8. Generating sophisticated ideas and solutions	1...2...3	4...5...6	7...8...9
9. Forming generalizations and using them in new situations	1...2...3	4...5...6	7...8...9
10. Choosing difficult and challenging tasks or problems	1...2...3	4...5...6	7...8...9
Intellectual Ability Scale Raw Score			

Specific Academic Ability	Below	Average	Above
<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies			
1. Learning information and skills quickly with little practice	1...2...3	4...5...6	7...8...9
2. Comprehending complex and difficult material	1...2...3	4...5...6	7...8...9
3. "Knowing" the correct answer	1...2...3	4...5...6	7...8...9
4. Maintaining intense and sustained interest in a subject	1...2...3	4...5...6	7...8...9
5. Self-motivation to learn	1...2...3	4...5...6	7...8...9
6. Self-directedness	1...2...3	4...5...6	7...8...9
7. Correcting his or her own errors	1...2...3	4...5...6	7...8...9
8. Recognition by peers as having high intellectual ability	1...2...3	4...5...6	7...8...9
9. Recognition by teachers as bright and achieving	1...2...3	4...5...6	7...8...9
10. Self-awareness about his or her academic aptitude	1...2...3	4...5...6	7...8...9
Academic Skills Scale Raw Score			

(Based on Gifted and Talented Evaluation Scale – G.A.T.E.S.)

Baseline Data: Please fill in all that are applicable to your grade level.

Date (must be within the last month)	Assessment	Student's Current Data	Current Benchmark	Other Comments
	Dominee			
	Progress Monitoring/Fluency			
	Progress Monitoring/Comprehension			
	Progress Monitoring/ Math			
	Interim or Progress Report			
	Common Assessment			
	Diagnostic/OAA			
	Cognitive Scores/CogAt			
	CLASS ASSESSMENTS (Tests, HW, Class work etc.)			

Please check any additional interventions that have been used.

<input checked="" type="checkbox"/>	INTERVENTIONS	<input checked="" type="checkbox"/>	INTERVENTIONS
<input type="checkbox"/>	Differentiated/alternate curriculum	<input type="checkbox"/>	Self monitoring/goal setting
<input type="checkbox"/>	One-on-one work with teacher/parent volunteer	<input type="checkbox"/>	Adjusting Questioning
<input type="checkbox"/>	Independent Study	<input type="checkbox"/>	Learning centers
<input type="checkbox"/>	Compact curriculum	<input type="checkbox"/>	Use of technology/educational websites
<input type="checkbox"/>	Student choice boards/menus	<input type="checkbox"/>	Shortening of tests/homework/papers
<input type="checkbox"/>	Accelerated practice papers sent home	<input type="checkbox"/>	Allowing pretesting of assignments/tests to drive instruction
<input type="checkbox"/>	Accelerated practice papers at school	<input type="checkbox"/>	Increased communication with parent/guardian
<input type="checkbox"/>	Changing skill or ability group	<input type="checkbox"/>	Student contract
<input type="checkbox"/>	Assigning student to model for peers	<input type="checkbox"/>	Anchoring Activities
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

When are you available to meet to discuss referral? _____

Signature of Person Initiating Referral

Position or Relationship to Child

Phone

Date

Signature of Person Receiving Referral

Date