

Office of Gifted Services
Assessment for Gifted Identification



Student Name _____ ID# _____ School _____

DOB _____ Grade _____ Current Classroom Teacher _____

Email _____ Phone _____

Person referring _____ Reason for referral: _____

◆ Areas of identification that may lead to gifted services:

Superior Cognitive Ability (needed; InView/128, OLSAT/126)

Specific Academic Ability: circle areas desired: Reading* Math*

**MAP is administered 2-3 times per year in grades K-10 and is considered an acceptable test for gifted identification in reading and math and current scores will be used as the "second assessment" in most instances.*

◆ Areas of Identification that do not lead to services:

Social Studies Science Creative Thinking Ability

Visual & Performing Arts: visual arts, music, dance, drama (please circle art interest)

A parent, classroom teacher, gifted intervention specialist (GIS), counselor, or community member may refer a child. Students may also self-refer. Please note that **assessments will only take place when this form has been signed by a parent or legal guardian**. A Parent/Guardian's signature on this form grants permission for the Gifted Department to assess the student and review student records.

Signature of parent/legal guardian

Date of request

Referrals are accepted throughout the year for the winter and spring assessment dates. Please see website for exact dates at www.lakotaonline.com/gifted

Please send completed form to Gifted Services, 5572 Princeton Road, Liberty Twp. OH 45011
Fax 513 644-1181 or email to giftedservices@lakotaonline.com

For Office Only: School Personnel Notification Date: _____
Previous Testing Scores:
Superior Cog _____ Reading _____ Math _____ Social Studies _____ Science _____ Above Level _____ VPA: Test _____ Score _____
Test to be given based on this referral: _____