



Gifted Identification Referral Form

Referrals are accepted throughout the year for the winter and spring assessment dates. Only **initial (first time)** testing occurs outside of the two testing dates (90 day window after referral). Please choose the appropriate box below:

Second Opportunity Testing (student has been tested by Lakota previously)
Choose a date: 2/9/19 OR 6/1/19

Initial Testing (student has not been tested by Lakota)

Child's Name: _____
Date of Birth: _____
School Id#: _____ Grade: _____
School: _____
Phone: _____
Email: _____

Referred by: _____
Choose one: Parent, Teacher or
Legal Guardian

This student is referred for possible identification as gifted in the following area(s):

- Super Cognitive Ability**
Reason for testing: _____
- Mathematics**
Reason for testing: _____
- Reading**
Reason for testing: _____
- Science**
Reason for testing: _____
- Social Studies**
Reason for testing: _____
- Creative Thinking Ability**
Reason for testing: _____
- Visual or Performing Arts Ability**
Reason for testing: _____

Assessments will only take place when this form is signed by a parent or legal guardian, which grants permission for the Gifted Department to assess the student.

Please send requests to Gifted Services at Lakota Central Office
email - giftedservices@lakotaonline.com, fax: 513 644-1181,
or mail to Gifted Services, 5572 Princeton Rd, Liberty Township, OH 45011

Signature of parent/guardian

Date