



Referral to Test for Gifted Identification

Student's name: _____

Student's current grade and school: _____

Person referring and relationship to child: _____

So that we can better determine which assessment(s) to administer, please explain why you are seeking gifted testing:

I understand my child will receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of whether or not my child qualifies as being gifted, according to the State of Ohio criteria for gifted identification. Referrals for fall testing must be received by October 1 and referrals for spring testing must be received by March 1.

Signature

Date

Please return signed form to "Gifted Testing" attention Dr. Quattrone at the Wyoming School District Offices at 420 Springfield Pike, Wyoming, Ohio 45215 or email a completed form to the Building's gifted intervention specialist below:

Primary Schools: Mrs. Gerstner at gerstnerj@wyomingcityschools.org

Middle Schools: Mr. Allen at allenn@wyomingcityschools.org

High School: Mrs. Griggs at griggsd@wyomingcityschools.org

Central Office Use only:

Date Received _____ By _____

Added to Roster for Assessment Round _____ Date _____