

# Crestwood Local Schools Gifted Identification Referral Form

## Request for Gifted Identification

**\*Students may be referred in writing for testing in September or May.**

*Please check the appropriate boxes as required below. Once the form is completed, please give the request to the building principal or Director of Pupil Services.*

This is a request for review of \_\_\_\_\_.

*(Child's Name)*

- This child is currently a student in grade \_\_\_\_\_ for the \_\_\_\_\_ - \_\_\_\_\_ school year.  
 This child is currently not enrolled as a Crestwood Local Schools student.

Person making the request: \_\_\_\_\_

- Parent/Legal Guardian     Teacher     Administrator     School Psychologist     Child     Peer

Student is referred for possible gifted identification in the area of:

- Superior Cognitive Ability     Specific Subject Area: Reading     Specific Subject Area: Math  
 Specific Subject Area: Science     Specific Subject Area: Social Studies     Creative Thinking Ability  
 Visual Arts     Music     Dance     Drama

Students will be reassessed by the gifted intervention specialist or school psychologist within 90 days of referral request.

Parents may submit a written appeal of test results. An appeal by the parent is the reconsideration of the results of any part of the identification process which would include:

screening procedure or assessment instrument (which results in identification); the scheduling of children for assessment; the placement of a student in any program; and receipt of services.

Parents should submit a letter to the superintendent or designee outlining the nature of the concern. The superintendent or designee will convene a meeting with the parent/guardian, which may include other school personnel. The superintendent or designee will issue a written final decision within 30 days of the appeal. This written notice should include the reason for the decision.

Crestwood Local School District follows Ohio Revised Code 3324 and the policy and procedures established in Ohio Administrative Code 3301-51-15 in regards to gifted students in Ohio schools.

Date of Submission for Referral: \_\_\_\_\_ Date of Child's Birth \_\_\_\_\_

I am requesting the building principal or Director of Pupil Services to initiate the process for my child to be reevaluated for gifted identification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signature/Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Signature/Coordinator Gifted & Talented: \_\_\_\_\_ Date: \_\_\_\_\_