

St. Bernard-Elmwood Place City School District

Referral for Testing for Gifted Identification – 2016-2017

| | |
|---|-----------------|
| Student Name | Date |
| Parent/Guardian | School |
| Street Address | Teacher |
| City, State, Zip | Grade |
| Phone #(s) Home: Cell: | Parent/Guardian |
| Parent/Guardian Name(s) | email Address |

| Reason for Referral (circle one) | Comment on the reason for the referral. |
|----------------------------------|---|
| Superior Cognitive Ability | |
| Specific Academic Area | |
| • Reading | |
| • Math | |
| • Science (Gr.3+) | |
| • Social Studies (Gr.3+) | |
| Creative Thinking | |
| Visual and Performing Arts | |
| • Art | |
| • Music | |
| • Dance | |
| • Drama | |
| Subject or Grade Acceleration | |
| • Subject | from grade: K 1 2 3 4 5 6 7 8 to grade: 1 2 3 4 5 6 7 |
| • Grade | from current grade: K 1 2 3 4 5 6 7 8 to grade: 1 2 3 4 5 6 7 |

| | | |
|---|-------------------------|------|
| | | |
| Signature of Person Initiating Referral | Relationship to Student | Date |

| | |
|--|------|
| | |
| Parent/Guardian signature (Required for Testing) | Date |

Please return the completed form to your building principal.

| Gifted Identification Timeframes | | |
|------------------------------------|------------------------|------------------------------|
| Referrals Received by Bldg. Admin. | Student Testing Window | Results Shared With Families |
| 10/3/16 | 10/13 – 10/31/16 | 11/10 – 11/21/16 |
| 1/23/17 | 2/2 – 2/27/17 | 3/9 – 3/20/17 |
| 4/10/17 | 4/20 – 5/1/17 | 5/8 – 5/19/17 |