

Referral Form for Participation in Green Local Schools Gifted Program

Please return to Lori Ebert at either Green Local Schools' office

Name of Student: _____ Students's Current Grade: _____ Date: _____

Nominator's Name: _____

Relationship of Nominator to Student: (circle one)

self peer parent teacher GIS administrator counselor

Contact Information for Nominator:

Phone _____ E-mail _____

Area for consideration: (check all that apply)

_____ **Superior Cognitive Ability*** (to qualify for services in math and reading)

_____ Specific Academic Ability (circle all areas that apply)

_____ **reading*** (to qualify for services in reading)

_____ **math*** (to qualify for services in math)

_____ science

_____ social studies

_____ Visual or Performing Arts

Area: _____

_____ Subject Acceleration ("skipping" a grade for one subject)

Subject: _____

_____ Grade Acceleration ("skipping" a grade for all subjects)

_____ Early Entrance to Kindergarten
Suggested Deadline: May 1

_____ Creative Thinking

_____ Early Graduation

**Green Local provides gifted services in reading and math in 1st-8th grades. Services vary in 9th-12th grades.*

FOR OFFICE USE ONLY

Initial parent contact date: _____ phone _____ e-mail _____ in person _____ mail _____

Send parent permission to test: _____ Receive parent permission to test: _____

SC Tester: _____ Date: _____

SAA Tester: _____ Date: _____

MAP Reading: Fall _____%ile Winter _____%ile Spring _____%ile Date: _____

MAP Math: Fall _____%ile Winter _____%ile Spring _____%ile Date: _____

Other: _____ Date: _____

COMMENTS / SCORES

Superior Cognitive: _____ Math: _____ Reading: _____

Other: _____ Send parent results: _____