

**NORTHWEST LOCAL SCHOOL DISTRICT
Gifted Education Department
Identification Referral Form**

Child: _____ School: _____ Grade: _____ ID#: _____

Address: _____ Phone: _____

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

Please administer assessments needed for potential placement in the ACCESS program, grades 3-8.

OR

Reason(s) for Referral

Superior Cognitive Ability _____

Specific Academic Ability

- Reading (We use the NWEA-MAP for K-8) _____
- Mathematics (We use the NWEA-MAP for K-8) _____
- Social Studies _____
- Science _____

Person Initiating Referral (Please Print) Signature of Person Initiating Referral Position or Relationship to Child Date

Parent's/Guardian Name (Please Print) Parent's/Guardian Signature Daytime Telephone Number Date

Referral must be signed by parent in order for referral to be submitted.

I understand that by granting permission, my child will receive assessment(s) by designated personnel and that the results of this testing may be shared with teachers, principals, and other appropriate school personnel. I will also be informed of the results of any assessments as required by law.

Please return before September 29, 2019 to:

Coordinator Gifted Education
Northwest Local School District
3240 Banning Road
Cincinnati, Ohio 45239
Fax: 513-923-3644 or
E-mail: mkluener@nwlsd.org

Referral forms received after September 29, 2019 will be processed with Spring 2020 testing.

When appropriate, results from previous assessments may be utilized.