



Lorain City Schools

Gifted and Talented Education

2321 Fairless Drive

Lorain, Ohio 44055

(440) 830-4042

Gifted Referral Process for Teachers

The Lorain City School District continually identifies students who qualify for gifted identification through referrals submitted by staff, parents, and students. This packet is designed to assist teachers in determining students for whom gifted testing is appropriate. Please follow this brief procedure:

1. Complete the “Teacher Screening Form” as it applies to students under consideration. Do not include students who are already identified as gifted and are presently receiving gifted-education services.
2. Complete a “Rating Scale for Gifted Identification” for each student whose name appeared six or more times on the “Teacher Screening Form”.
3. Those students who rate predominantly in the “Often” and “Almost Always” columns of the “Rating Scale for Gifted Identification” should be referred for gifted testing. Please complete the “Gifted Identification Referral” and send home along the “Gifted Identification Permission for Assessment Form” (can be downloaded from website).
4. Return completed “Rating Scale for Gifted Services” and the “Gifted Assessment Referral” and “Parent Permission Form” with all required signatures to Michelle Barbosa, Gifted Supervisor, at the Southview Middle School.

If you have any questions please contact your building Gifted Specialist or Michelle Barbosa, Gifted Supervisor, at (440)830-4220 or mbarbosa@loraincsd.org

TEACHER SCREENING FORM

Please use this form to identify students who are strong candidates for gifted identification. For each description, write the names of up to three students who first come to mind. The same student may be listed multiple times. You need not fill in every space if no students, or fewer than three, come to mind for a particular quality. Complete a "Rating Scale for Gifted Identification" form for those students whose names appear **six or more times** on this class screening form.

1. Learns rapidly and easily			
2. Offers original, imaginative responses			
3. Is widely informed on many topics			
4. Is self-directed and has a long attention span			
5. Is inquisitive, skeptical			
6. Uses an extensive vocabulary			
7. Constantly asks questions; is curious about many things			
8. Seeks out challenging work or changes simple tasks into more complex task			
9. Associates often with other smart children, even if they are older or younger			
10. Has an advanced sense of humor; understands adult humor			
11. Is easily bored; argues that she/he does not need to do some of the assigned work			
12. Has intense emotions; cries easily when frustrated; is empathetic to people and events			
13. Understands concepts easily and quickly			
14. Challenges the teacher's knowledge base			
15. Does not accept things at "face value"			
16. Dislikes arbitrary decisions			
17. Is seen by other children as "smart"			
18. Produces original ideas and projects			
19. Uses logic to solve problems			
20. Is intrigued by abstract ideas			

Rating Scale for Gifted Identification

Referred by: () Parent () Teacher () Student Self-Referred () Other

Rating Scale	Rarely or Almost Never	Some- times	Often	Almost Always
1. Has unusually advanced vocabulary for age or grade level				
2. Possesses a large storehouse of information				
3. Has quick master and recall of factual information				
4. Demonstrates insight into cause-effect relationships; the how and why of things				
5. Realistically understands events, people, and things				
6. Relates similarities and differences in events, people, and things				
7. Has keen sense of humor and sees humor in situations that may not seem humorous to others				
8. Judges and evaluates ideas, events, and people				
9. Separates parts, reasons, and sees logical answers				
10. Is a keen observer; recalls details				
11. Raises probing and relevant questions (as distinct from informational or factual questions)				
12. Becomes absorbed and involved; is persistent in completing tasks and acquiring information				
13. Has good problem-solving skills; identifies problems and seeks solutions				
14. Reads a great deal on his/her own; likes challenging materials				
15. Is internally motivated and self-directed				
16. Is self-confident with peers and adults				
17. Adapts easily to new situations and to change				
18. Is self-assertive and individualistic; persistent in his/her beliefs				
19. Works independently				
20. Is responsible and can be counted on to do what she/he has promised and usually does it well				
21. Works with peers cooperatively; shares; expresses ideas willingly				
22. Is very curious and interested in a variety of things				
23. Explores ideas and solutions to problems, questions				
24. Is innovative; produces unusual, unique, clever responses and products				
25. Frequently takes risks				
26. Is eager to do new things; enjoys complex situations				
27. Displays intellectual playfulness; fantasizes imagines ("I wonder what would happen if...")				
28. Manipulates ideas; seeks solutions by adapting, organizing, improving, and modifying				
29. Is sensitive to beauty; displays a natural wonderment				
30. Uses colorful language when speaking and/or writing				
31. Organizes and adapts ideas through structure				
32. Creates new ideas; eagerly seeks knowledge				
33. Is excited and adventurous; likes to make discoveries				



Lorain City Schools

Gifted and Talented Education

2321 Fairless Drive

Lorain, Ohio 44055

(440) 830-4042

GIFTED IDENTIFICATION REFERRAL

(To be Completed by the Person Making the Referral)

Student Name: _____ Date of Birth: _____ ID#: _____

School: _____ Grade: _____ Teacher: _____

Parent/Guardian Name(s): _____

Address: _____ Daytime Phone: _____

Referred by _____

I am this student's (Check One):

Teacher Parent Legal Guardian Other (Specify) _____

THIS STUDENT IS REFERRED FOR POSSIBLE IDENTIFICATION AS GIFTED IN THE FOLLOWING AREA(S):

- | | Reason |
|--|--------|
| <input type="checkbox"/> Superior Cognitive | _____ |
| <input type="checkbox"/> Specific Academic Ability | _____ |
| <input type="checkbox"/> Reading | _____ |
| <input type="checkbox"/> Mathematics | _____ |
| <input type="checkbox"/> Science | _____ |
| <input type="checkbox"/> Social Studies | _____ |
| <input type="checkbox"/> Creative Thinking Ability | _____ |
| <input type="checkbox"/> Visual and Performing Arts Ability | _____ |
| <i>(Such as drawing, painting, sculpting, music, dance, drama)</i> | _____ |

NOTE: Referring a student for Visual or Performing Arts Identification should include your building's specialist. There is a separate referral form and student information sheet, as well as portfolios and/or performances which will be evaluated based on Ohio Department of Education rubrics.

Signature of Person Initiating Referral

Date



Lorain City Schools

Gifted and Talented Education

2321 Fairless Drive

Lorain, Ohio 44055

(440) 830-4042

GIFTED IDENTIFICATION PERMISSION FOR ASSESSMENT

(To be Completed by the a Parent or Guardian)

To the Parent/Guardian of: _____ ID# _____ Grade: _____ School: _____

ABOUT THE ASSESSMENT

Assessments are required for identification purposes. Ability, Achievement and Aptitude tests may be administered. All instruments used must be on the Ohio Department of Education's Chart of Approved Gifted Identification/Screening.

PLEASE RESPOND TO THE FOLLOWING IMPORTANT QUESTIONS:

1. Is a second language spoken in the home: NO YES

(If YES, what language(s) _____)

2. Does your student have an IEP or 504 Plan? NO YES

(If YES, which plan _____)

3. Does your student need assistive technology or other accommodations in order to be tested for Gifted Identification?

NO YES

(If YES, please specify _____)

Please use this space to provide any additional information that you would like to include (continue on the reverse side of this form if necessary.)

PERMISSION – PLEASE COMPLETE AND SIGN AND RETURN TO YOUR STUDENT'S SCHOOL

No assessments will be done without your written permission. Please read the information below and return this form to school as soon as possible. If you have questions, please contact: Michelle Barbosa, Gifted Supervisor, at 440-830-4042.

Student's Birth Date: _____ Parent/Guardian Day-time Phone: _____

_____ Permission is GRANTED to conduct individual testing for my student.

_____ DENIED - I do not want individual testing conducted for my student.

Please Print Parent/Guardian Name

Signature of Parent/Guardian

Date Signed



Las Escuelas Públicas de Lorain
Educación para los alumnos dotados y talentosos

2321 Fairless Drive

Lorain, Ohio 44055

(440) 830-4042

Referidos para la identificación de alumnos dotados
(El referido debe de ser completado por la persona que haga la recomendación)

Nombre del Erudito: _____ Fecha de nacimiento _____

Colegio: _____ Grado: _____ Profesor: _____

Número de identificación de Alumno: _____

Nombre de Padres/ Guardián: _____

Dirección: _____ Número de Teléfono _____

Referido por: _____

Yo soy (el/la) del erudito (a) (Marque uno):

Maestro Pariente Guardián legal Otro (Especifique) _____

Este erudito es referido para posible identificación para el programa de dotados y talentosos en las siguientes áreas:

- | | Razón |
|--|-------|
| <input type="checkbox"/> Superioridad Cognitiva | _____ |
| <input type="checkbox"/> Habilidad específica académica: | |
| <input type="checkbox"/> Lectura | _____ |
| <input type="checkbox"/> Matemáticas | _____ |
| <input type="checkbox"/> Ciencia | _____ |
| <input type="checkbox"/> Estudios Sociales | |
| <input type="checkbox"/> Habilidad de pensamiento creativo | _____ |
| | _____ |
| <input type="checkbox"/> Habilidad de artes visuales escénica | _____ |
| <i>(Tales como dibujo, pintura, escultura, música, danza, drama)</i> | |

Nota: El referir a un erudito para ser identificado (a), para participar en la artes visuales y escénicas debe de incluir la participación del especialista del edificio. Existe un referido por separado y una hoja de información del erudito, también se requiere un portafolio de trabajo o presentaciones los cuales serán evaluados basados en los requisitos de las rubricas utilizadas por el departamento de Educación del Estado de Ohio.

Firma de la persona que inicia el referido

Fecha



Las Escuelas Públicas de Lorain
Educación para los alumnos dotados y talentosos

2321 Fairless Drive

Lorain, Ohio 44055

(440) 830-4042

Permiso para la identificación y evaluación de eruditos dotados
 (Para ser complementado por los padres o guardianes)

A los Padres o Guardianes de: _____ ID# _____ Grado: _____ Escuela _____

Sobre la evaluación:

Las evaluaciones son requeridas con el propósito de identificar la habilidad, el logro y aptitud del erudito. Estos exámenes serán administrados usando instrumentos que están incluidos en la tabla de exámenes aprobados por el Departamento de Educación del Estado de Ohio.

Por favor de responder a las siguientes preguntas importantes.

1. ¿Se habla un lenguaje secundario en el hogar? Si No

(¿Si responde Si, Cual es el lenguaje? _____)

2. ¿Tiene su hijo(a) un plan de Educación Individualizado (IEP) o un Plan 504? Si No

Si responde Si, ¿cuál de los dos tiene? _____

3. ¿Su erudito necesita asistencia tecnológica u otra clase de asistencia para poder ser evaluado (a)?
 Si No

Si usted responde Si, por favor especifique. _____

Use este espacio para proveer información adicional que a usted le gustaría incluir. (Continúe en la parte trasera de esta hoja si es necesario)

Permiso – Por favor de completar y firmar y devolver a la escuela de su erudito.

No se hará ninguna prueba sin su consentimiento. Por favor de leer y devolver este formulario a la escuela lo más pronto posible. Si tiene preguntas, por favor de contactar a: Michelle Barbosa, Supervisor dotado , al número (440) 830-4042.

Fecha de nacimiento del erudito: _____ Padres/Guardianes- Número de teléfono: _____

- Permiso es concedido para llevar a cabo la evaluación individual para mi erudito.
- Denegar-No quiero que una evaluación individual sea lleve a cabo para mi erudito

Por favor escriba el nombre Padres/ Guardianes

Firma de Padres/ Guardianes

fecha firmada