Referred by: ☐ **Parent** ☐ **Teacher** ☐ **Student** ☐ **Other** _____ **(Title)**

Norwayne Local Schools
Nomination for Gifted Identification and Academic Acceleration

Student: _____ **Date:** _____

School: _____ **Class of:** _____ **Current Grade:** _____

Signature of Person Initiating Referral	**Position or Relationship to Student**	**Date**

Area(s) for Referral
This student is referred for possible identification in the following area(s):

- ☐ Superior Cognitive Ability
- ☐ Creative Thinking Ability
- ☐ Visual Performing Arts

Please be specific in describing your reason for referring this student:

Reason(s) for Referral
Check all that apply.

- ☐ Mostly A's on grade card
- ☐ Unchallenged with regular curriculum
- ☐ Asks/answers questions above and beyond same age peers
- ☐ Writes/creates using detail and originality
- ☐ Other (please explain)

Academic Acceleration

- ☐ Early Entrance to Kindergarten
- ☐ Grade Acceleration
- ☐ Subject Acceleration
- ☐ Early Graduation

Notes: _____

By signing below I give permission for the student to be further assessed using an ODE approved testing instrument for giftedness in this area.

Parent/Guardian Name: _____

Address: _____

Phone: _____ **Cell:** _____

Signature of Parent/Guardian: _____**DATE:** _____

Signature of Gifted Consultant: _____**DATE:** _____

Distribute copies of this document to: building principal(s), current teacher, receiving teacher, gifted coordinator/GIS, and parent(s) or legal guardian(s). Place a copy in the student's file.