

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.