



Licking County Educational Service Center

Office of Gifted Education

145 N. Quentin Road, Newark, OH 43055
 P: 740-349-6084/F: 740-349-6107

REFERRAL AND PERMISSION FOR GIFTED EVALUATION

Student Name: _____ Date of Birth: _____
 District: _____ Grade: _____ Homeroom: _____ Building: _____
 Parent/Guardian Name: _____ Phone: _____
 Parent/Guardian Email (print VERY clearly): _____
 Address: _____

You are one of the best judges of the abilities of your child. Gifted children are a diverse population and each one will exhibit different signs of their intelligence, motivation, and development.

A parent referral does **not guarantee** the student will be placed in gifted services. After receiving this form, the Gifted Coordinator for your district will review previous test scores and will schedule your child for testing during the FALL or the SPRING. The student may be given any assessment from the Ohio Department of Education's list of approved instruments for gifted identification. Testing results will be shared with appropriate school personnel.

Mark the Area/s for Referral:

COGNITIVE ABILITY MATH READING OTHER: _____

1. I request that my child be tested for gifted identification. I understand that my child may be tested in one or more areas by a gifted coordinator, and that prior testing results will also be reviewed.
2. I understand that my child may be given additional assessments based on the results of this evaluation.
3. I understand that my child may be tested on any business-day within 90 days after the referral for gifted evaluation is received by the gifted coordinator.
4. I understand that these testing results will be evaluated for potential placement in gifted services according to my district's placement policies and procedures.
5. I will receive testing results within 30 days of the testing date. I have the right to appeal these results.
6. I understand that neither a parent referral, gifted testing, nor gifted identification **guarantee** my child a position in gifted services. Space in gifted services is limited.
7. Please indicate below if your child receives special services and already has a **formal** document outlining testing accommodations: IEP 504 ESL NONE *Attach documentation if available.

Signature	Relationship to Child	Date
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If you have questions, please contact your district's Coordinator of Gifted Services at the Licking County Educational Service Center by email or phone.

<p>Heather Clark Lakewood & Licking Heights hclark@laca.org 740.349.6105</p>	<p>Holly Hartman Heath, Johnstown-Monroe, & North Fork hhartman@laca.org 740.349.6094</p>	<p>Alesha Haybin Granville & Licking Valley ahaybin@laca.org 740.349.6083</p>
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Equal access will be available to all students for screening, further assessment, identification, and placement in eligible services, including minority or disadvantaged students, students with disabilities, and students for whom English is a second language.

To be Completed by Gifted Coordinator	Date Received: _____
Previous Area/s of Identification: <input type="radio"/> SC <input type="radio"/> MTH <input type="radio"/> SCI <input type="radio"/> R <input type="radio"/> SS <input type="radio"/> CT <input type="radio"/> VPA <input type="radio"/> NONE	Coordinator Initials: _____