



**Canal Winchester**  
LOCAL SCHOOLS

**Parent Referral  
For Gifted Identification**

<b>Student's Name:</b>		<b>Date of Referral:</b>	
<b>Date of Birth:</b>		<b>Grade:</b>	<b>Sex:</b>

<b>Homeroom Teacher:</b>	
--------------------------	--

<b>Person Making Referral:</b>	
<b>Parent/Guardian Name(s):</b>	
<b>Relationship to Student:</b>	
<b>Daytime Phone:</b>	<b>E-Mail:</b>

I am requesting the following testing for my child listed above:

- Language Arts/Reading (Specific Academic)
- Mathematics (Specific Academic)
- Cognitive Ability Test (similar to an IQ test)
- Visual/Performing Arts (i.e. music, art, drama, dance, etc.)

Testing is required for identification purposes. Your child will receive testing by designated school personnel and the information may be shared with your child's teachers, principals and other appropriate school personnel. The school district will inform you if your child qualifies for services, according to the State of Ohio criteria, for gifted identification.

- Yes, I give permission for direct testing of intellectual ability and/or individual subject testing for my child listed above to be tested by a school psychologist and/or district gifted coordinator.

<b>Parent Signature:</b>		<b>Date:</b>	
--------------------------	--	--------------	--

Return this form upon completion to:  
Danielle Bartos dbartos@cwls.us Fax (614) 833-2165  
Canal Winchester Education Center  
100 Washington Street  
Canal Winchester, OH 43110