

Champion Local Schools
Gifted Student Identification
Referral & Permission to Assess
Form

Student: _____ School: _____ Grade: _____

Is referred for assessment as a gifted learner in the following area(s):

Reason

- Superior Cognitive Ability _____
- Specific Academic Ability _____
- Mathematics _____
- Reading _____
- Social Studies _____
- Science _____
- Creative Thinking Ability _____
- Visual/Performing Arts _____

 Signature of Person Initiating Referral Position or Relationship to Child Date

I understand that if I grant permission, my child will receive assessment(s) by designated school personnel. The information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of the results of this assessment.

Please be aware that gifted identification does not necessarily place your child into gifted programs at this time.

- Permission is given to conduct the assessment(s)
- Permission for further assessment is denied

 Signature of Parent/Guardian Phone Date

PLEASE RETURN TO THE BUILDING PRINCIPAL