



TESTING REFERRAL FOR GIFTED IDENTIFICATION

Student _____ Grade _____ Building _____

Home Address _____ DOB _____

Student ID# _____ Home Phone (____) _____

Parent/Guardian Name _____

Request: (Please put an X below)

Recent Scores: (From permanent record files)

____ Cognitive Test

Cognitive: SAI/CSI score _____

____ Achievement Test

Academic Percentiles (NPR):

____ Reading/Language Arts

Reading _____%

____ Math

Math _____%

____ Science

Science _____%

____ Social Studies

Soc. Studies _____%

____ Creativity

____ Visual or Performing Arts

Reason for referral:

Signature of person initiating referral

Position or Relationship to student

Date

Please return to: Carol Lentz, Marysville Schools – Raymond Elementary, 21511 Main St., Raymond OH 43067