

# St. Bernard-Elmwood Place City School District

## Referral for Testing for Gifted Identification – 2011-2012

Student Name	Date
Parent/Guardian	School
Street Address	Teacher
City, State, Zip	Grade
Phone #(s) Home:                      Cell:	Parent/Guardian
Parent/Guardian Name(s)	email Address

Reason for Referral (circle one)	Comment on the reason for the referral.
Superior Cognitive Ability	
Specific Academic Area	
• Reading	
• Math	
• Science (Gr.3+)	
• Social Studies (Gr.3+)	
Creative Thinking	
Visual and Performing Arts	
• Art	
• Music	
• Dance	
• Drama	
Subject or Grade Acceleration	
• Subject	from grade: K 1 2 3 4 5 6 7 8 to grade: 1 2 3 4 5 6 7
• Grade	from current grade: K 1 2 3 4 5 6 7 8 to grade: 1 2 3 4 5 6 7

Signature of Person Initiating Referral	Relationship to Student	Date

Parent/Guardian signature (Required for Testing)	Date

**Please return the completed form to your building principal.**

Gifted Identification Timeframes		
Referrals Received by Bldg. Admin.	Student Testing Window	Results Shared With Families
Friday, 10/14/11	10/17 – 11/14/11	11/14 – 11/25/11
Friday, 1/13/12	1/23 – 2/13/12	2/13 – 2/27/12

Friday, 4/13/12

4/23 – 5/11/12

5/11 – 5/25/12