

# **St. Bernard-Elmwood Place City School District**

## **Referral for Testing for Gifted Identification – 2018-2019**

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

<b>Reason for Referral (circle one)</b>	<b>Comment on the reason for the referral.</b>
<b>Superior Cognitive Ability</b>	
<b>Specific Academic Area</b>	
• Reading	
• Math	
• Science (Gr.3+)	
• Social Studies (Gr.3+)	
<b>Creative Thinking</b>	
<b>Visual and Performing Arts</b>	
• Art	
• Music	
• Dance	
• Drama	
<b>Subject or Grade Acceleration</b>	
• 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

<b>Signature of Person Initiating Referral</b>	<b>Relationship to Student</b>
<b>Date</b>	

<b>Parent/Guardian signature (Required for Testing)</b>	<b>Date</b>

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

<b>Gifted Identification Timeframes</b>		
<b>Referrals Received by Bldg. Admin.</b>	<b>Student Testing Window</b>	<b>Results Shared with Families</b>
<b>Friday, 10/5/18</b>	<b>10/16 – 10/30/18</b>	<b>11/9 – 11/20/18</b>
<b>Friday, 1/25/18</b>	<b>2/1 – 2/26/18</b>	<b>3/11 – 3/29/18</b>
<b>Friday, 4/11/16</b>	<b>4/23 – 5/7/18</b>	<b>5/13 – 6/7/18</b>