

Little Miami School District

Referral for Testing for Gifted Identification

2020-2021

Student Name		Date	
Parent/		School	
Street Address		Teacher	
City, State, Zip		Grade	
Phone #(s)	H - C -	Parent/Guardian email Address	
Parent/Guardian Name(s)			Revised: 8/20167

Please mark areas to be tested	
Superior Cognitive Ability	
Specific Academic Area	
• Reading	<i>(grades 2-8 are automatically assessed three times this year)</i>
• Math	<i>(grades 2-8 are automatically assessed three times this year)</i>
• Science (Gr.3+)	
• Social Studies (Gr.3+)	
Creative Thinking	
Visual and Performing Arts	<i>(This requires additional performances and/or pieces of work that are completed at home)</i>
• Art	
• Music	
• Dance	
• Drama	

Reason for the referral and/or additional information that supports reasons for gifted screening: (provide examples such as Super Saturday participation, outside assessments, etc.) _____

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:

Jamie Miles, Harlen-Butlerville Primary
Teresa Reynolds, Hamilton-Maineville Primary
Ryan Cherry, LM Junior High

Lisa Smith, Salem Township Elementary
Alison Gates, LM Intermediate School
Cathy Trevathan, LM High School

2020-2021 Gifted Identification Time frames		
Referrals Received by Gifted Liaison	Student Testing Window	Results Sent Home
Friday, 10/16/20	10/19/20 – 11/30/20	11/30/20 – 12/18/20
Friday, 3/12/21	3/15/21 – 4/16/21	4/19/21 – 5/25/21