

# Little Miami School District

## Referral for Testing for Gifted Identification

2023-2024

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.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<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:**

Teresa Reynolds, LMECC  
Alison Gates, LMES

Amber Huber, LMPR  
Ryan Cherry, LMMS  
Kevin Harleman, LMHS

2023-2024 Gifted Identification Time Frames		
Referrals Received by Gifted Liaison	Student Testing Window	Results Sent Home
Friday, 10/13/23	10/16 – 11/21	11/27 – 12/20
Friday, 3/11/22	3/8 – 4/12	4/22– 5/24