New Miami School District

Referral for Testing for Gifted Identification

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: 8/24/2016

Please check area to be tested and give reason for referral - use back of form to give more information if needed	
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**	

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:

NM Elementary: Tabatha Class NM Middle/High School: Kara Hanges-Brakhage

2016-2017 TESTING FOR GIFTED IDENTIFICATION		
Return Referral Form To Building Principal	**Testing will be scheduled by Butler County**	**Results Shared With Families**
By October 31	**Educational Service Center**	**Within 30 days of Testing**
By February 29	**Gifted Services**	**Within 30 days of Testing**