## Gallia County Local School District Talented & Gifted Resource Room Programs Referral Form

## CHAMP Serving Grades 3-5 and TAG Serving Grades 6-8 Enacted 2003, Revision of form 2014

<u>Instructions</u>: For a child you feel should be considered for a gifted program, please complete an entire nomination packet, which includes the 1) general and testing information page, 2) the teacher/parent recommendation page, and 3) the rating checklist- Scaled for Rating the Behavioral Characteristics of Superior Students.

## Nomination Form Identifying Information

Student's Name	Grade Level
School	Gender
Parent/Guardian Name (s)	
<b>giftedness</b> as defined by state of Ohio to be considered, specifica Superior Cognitive, Math, Reading/Writing and Science, will be serv	Im Grade 3-5: A student must have at least, one area of identified lly those students identified as gifted in Math. Those students who are ed first, then those with fewer on down to Math only. Plus students must dor an above average Reading Level (2+ grade levels above). If space is
as defined by state of Ohio to be considered for TAG service. We set and Creative Thinking (Gifted Science and Social Studies students	s 6-8: a student must have at least three areas of gifted identification rvice students who are gifted in Superior Cognitive, Reading/Writing, Math areas are met within the context of Reading/Math areas at TAG and ntified and you believe that they need service, please refer the child for
1. COGNITIVE ABILITIES SCORES-scores will be obtain score at 130+- the standard error of measurement. (example: CogAt scores, InView scores, WISC scores, , e	•
2. ACHIEVEMENT TEST SCORES-scores will be obta score(s) achieved in the 95% or above in academic areas. (example: IOWA scores, Terra Nova Scores; WIAT scores, , Si	ined at the District Office. National Test of Achievement what tanford scores, PLAN/ACT tests, etc.)
limited to:  *** STUDENT EDUCATION PLAN (SEP) -MUST send a construction SEP Contains: Current Reading & Math Levels of the A. Current Rigby Reading Level/Lexile, Scholastic Reading Benchmark *  B. Scholastic Math Inventory Level, or Study Islam C. Ohio State Diagnostic or OAA Assessment Res D. District Short-Cycle Assessment Results or End	the child: c Reading Inventory Level, Scholastic Counts, or Study Island ad Math benchmark * ults* d of Year SLO Assessment Percentage*
Assessment cannot be used for identification or placement, only	ified gifted from National Test Scores; the State Ohio Achievement y as screening data for which to further assess the child.
Name of Person completing this referral packet	
Relationship to child (Teacher, Parent, Other):	

Principal's Signature \_\_\_\_\_\_ Date \_\_\_\_

## TEACHER/ PARENT/ OTHER RECOMMENDATION FORM

This portion of the gifted referral process is important for us to gain a whole perspective of a child. Please tell why yethink this child should be considered for a gifted program – what characteristics, academic ability, thinking skills talents, or potential have you observed that makes him/her advanced for his/her age and grade when compared to other children of similar age/grade level.					
When compared to age/grade level peers this student has performed at which level: ( $\sqrt{\ }$ )					
	Advanced 2+ grade levels above	Above Average	On Grade Level	Below Grade Level	
Reading Ability					
Math Skills Level					
Use of Language/ Vocabulary					
Level of Questioning/ Answers/ Depth & Complexity					
Depth/ Breadth of Information known or quest to know more					
Problem-Solving Strategies					
Creativity-imaginative, mature sense of humor, unique responses, number of ideas and can adapt/ modify/improve on ideas/ objects, risk-taker					
Higher Order Thinking Skills : Ability- to Analyze, Synthesize, Interpret, Evaluate, Judge Ideas					
Emotional response: highly perceptive, sensitivity, highly aware of social issues/justice or injustice					