



Parma School District
Gifted and Talented
Parent/Guardian/Teacher Referral Form

Parents/Guardians/Teachers should complete this form if they believe their student is performing well above grade level or demonstrating exceptional strengths or talents and would like their student's performance and achievement to be reviewed to determine eligibility for gifted education services.

Gifted and talented children who perform at or show the potential for performing at a remarkably high level of accomplishment when compared to others of the same age, experience, or environment and who:

- (1) exhibit high performance capability in an intellectual, creative, or artistic area;**
- (2) possess an unusual capacity for leadership; or**
- (3) excel in a specific academic field.**

Once this form is received, the GT Facilitator will consult and analyze test and performance data to determine if additional assessments are warranted and if the criteria for formal identification have been met. The results of the screening process will be communicated to parents through a meeting, phone call or letter.

Student's

Name _____

Grade _____

School _____

Birth date _____

When have you observed this characteristic?	Seldom/ Never	Occasionally	Frequently	Almost always	Examples from your child's life.
Has self-stimulated curiosity; shows independence in trying to learn more about something.					
Adapts readily to new situations; flexible in thought and action; not disturbed if the normal routine is changed.					
Organizes and brings structure to things, people, and situations.					
Uses unique and unusual ways to solve problems.					
Displays a great deal of curiosity about many things, often going beyond conventional limits.					
Possesses a large storehouse of information about a variety of topics beyond the usual interest of the age.					
Reasons things out, thinks clearly and comprehends meanings. Make generalizations and draw conclusions that summarize complex information easily.					

Expresses interest in understanding self and others.					
Strives toward perfection, is self-critical, is not easily satisfied with own speed or products.					
Seems to sense what others want and helps accomplish it.					
Tends to direct others in activities.					
Is able to work through frustration and maintain focus.					
Sees flaws in things, including own work, and can suggest better ways to do a job or reach an objective.					
Displays a mature sense of humor.					
Has unusually advanced vocabulary for age level, uses terms in a meaningful way.					

Please check below which area(s) may apply to your student, and give specific examples of behaviors that support this area of referral. You may attach student work that illustrates the ability being considered.

General Intellectual Ability

Processes new information quickly, uses advanced vocabulary, sees connections in concepts, focuses for long periods of time on special interests, or enjoys solving puzzles and problems.

Specific Academic Ability

Shows unusual/advanced ability in: ____ Reading ____ Math

Thinks logically and symbolically about quantitative and spatial relationships, can articulate a thorough and detailed response, sees multiple pathways to solve problems, or things abstractly and shows insight into novel situations.

Creative Ability

Has a vivid imagination, unique ideas in problem solving situations, may be a risk taker, adventurous, non-conforming, often asks "Why" or sees the unusual.

Leadership ability

Organizes and leads groups, carries responsibility well, tolerant and flexible with peers, possesses good self-confidence, or may be overbearing at times.

Briefly describe your student's major interests, hobbies, or other creative endeavors.

What are your main reasons for referring your child to the Gifted Program? Share your insights about his/her talents, abilities, and learning needs. (Please note: Teachers are expected to challenge every student according to his/her abilities. Therefore, a desire to have your child challenged is NOT a reason for a Gifted Program referral.)

Please attach any other information which you believe is relevant and would assist us in getting to know your child's interests and abilities. (E.g., exceptional work samples, academic accolades, outside testing results, evidence of participation in outside educational programs)

____ I understand that tests of ability, aptitude, or achievement may be administered to my child as part of the identification process. Results of all tests will be shared with parents.

Date _____

Parent/Guardian/Staff Name _____

Parent/Guardian/Staff Signature _____

Phone Number _____

Email Address _____