Loudonville-Perrysville Exempted Village School District

Date of Referral

# Referral for Testing *[please circle testing area(s)]*

Individual Testing  Cognitive  Achievement- Academic Area(s)_____

Acceleration:  Early Entrance  Early Graduation  Whole Grade Acceleration  Subject Acceleration:_____

| Student's Last Name | Student's First Name | Gender | Date of Birth |
|---|---|---|---|
| | | | |

| Street Address (Include Apt. No.) | Ethnicity | Telephone Number | Student's Identification Number |
|---|---|---|---|
| | | | |

| | Zip Code | Parent or Guardian's Name |
|---|---|---|
| | | |

| Current School/Teacher | Current Grade | Name of Person Initiating Referral |
|---|---|---|
| | | |

**Referral comments:**

***For Office Use Only***

| Include the following documents: | ❑ Report Cards -current and previous two years | ❑ Standardized Test Scores - previous two years | ❑ Permission Form | ❑ Achievement Scores |
|---|---|---|---|---|

**Ohio Administrative Code Category**

Superior Cognitive Ability _____

Specific Academic Ability

- ❑ Reading _____
- ❑ Mathematics _____
- ❑ Science _____
- ❑ Social Studies _____
- ❑ Creative Thinking Ability _____

Visual or Performing Arts Ability

- ❑ Dance _____
- ❑ Drama _____
- ❑ Vocal Music _____
- ❑ Instrumental Music _____

❑ **Accepted**

❑ **Not Accepted**

❑ **Referred for Testing**

- ❑ Cognitive_____
- ❑ Achievement _____
- ❑ Consent Letter Sent _____

Date Received _____

Results letter sent _____

**School Placement**

- ❑ Resource Room
- ❑ Early Entrance to Kindergarten
- ❑ Grade Acceleration
- ❑ Subject Acceleration
- ❑ Other

Building Principal  Date

Gifted Coordinator  Date Completed

Please return this form to: **Chantele Slover, Gifted Coordinator** @ Loudonville-Perrysville EVSD District Office

updated 11-11-2015

Last Name:

First name:

ID#: