

# 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:**

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***For Office Use Only***

Include the following documents:	<input type="checkbox"/> Report Cards -current and previous two years	<input type="checkbox"/> Standardized Test Scores - previous two years	<input type="checkbox"/> Permission Form	<input type="checkbox"/> Achievement Scores
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**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**

Last Name:

First name:

ID#: