

**LaBrae Local Schools**  
**Gifted Student Identification**  
**Referral & Permission Form**

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Is referred for assessment as a gifted learner in the following area(s):

	Reason
<input type="checkbox"/> Superior Cognitive Ability	_____ _____ _____
<input type="checkbox"/> Specific Academic Ability	
<input type="checkbox"/> Mathematics	_____
<input type="checkbox"/> Reading	_____
<input type="checkbox"/> Social Studies	_____
<input type="checkbox"/> Science	_____
	_____
	_____
<input type="checkbox"/> Creative Thinking Ability	_____ _____ _____

\_\_\_\_\_  
 Signature of Person Initiating Referral                      Position or Relationship to Child                      Date

I understand that if I grant permission, my child will receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. The assessment(s) will be administered this school year and I will be informed of whether or not my child qualifies as a gifted learner.

***Please be aware that gifted identification does not necessarily place your child into gifted programs at this time.***

- Permission is given to conduct the assessment(s)
- Permission for further assessment is denied

\_\_\_\_\_  
 Signature of Parent/Guardian                      Position or Relationship to Child                      Phone                      Date

**Note:** parent may request assessment through any verbal or written means to the building administrator.

**PLEASE RETURN TO BUILDING ADMINISTRATOR**