



# Richmond Heights Local Schools

447 Richmond Road, Richmond Heights, OH 44143 Phone: 216-692-0086 Fax: 216-692-2820

## Referral for Gifted Testing, Identification, and/or Acceleration Form

Date\_\_\_\_\_

Current Grade\_\_\_\_\_

Student Name\_\_\_\_\_

School\_\_\_\_\_

### Identification and/or Acceleration Type Requested:

\_\_\_\_\_ Early Entrance to Kindergarten

\_\_\_\_\_ Early Graduation

\_\_\_\_\_ Whole Grade Acceleration: current grade \_\_\_\_\_ to grade \_\_\_\_\_

\_\_\_\_\_ Subject Acceleration (circle) math or English Language Arts/ Reading

\_\_\_\_\_ Identification takes place during the school year multiple times for subject area, superior cognitive, creative thinking, and visual arts. Further testing can take place if requested and needed.

*The student's parent/guardian will be contacted and this information will be shared with them. Written permission to initiate the assessment process, if someone other than the parent/guardian has initiated this referral*

☐ *I give permission for my child to take any necessary assessment(s) to determine eligibility for gifted instruction and/or acceleration. A team meeting will be scheduled once assessments are completed, within 45 days of this referral.*

☐ *No thank you. I prefer not to have my child participate in further testing.*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**Return complete form to your child's teacher/Gifted Department/School Office. Thank you.**