Little Miami School District

Referral for Testing for Gifted Identification

2024-2025

Student Name			Date	
Parent/			School	
Street Address			Teacher	
City, State, Zip			Grade	
Phone #(s)	H -	C -	Parent/Guardian	
Parent/Guardian			email Address	
Name(s)				Revised: 9/

Please mark areas to be tested

		1 10400 1114111 41 040 10		, c t c u		
Superior Cognitive Ability						
Specific Academic Area						
 Reading 	(grades 2-8 are automatically assessed three times this year)					
 Math 		(grades 2-8 are automatica	lly asse	essed three times this year)		
Science (Gr.3+)						
 Social Studies (Gr.3+) 						
Creative Thinking						
	/=- ·					
Visual and Performing Arts	(This require	s additional performances and/or	pieces	of work that are completed at home)		
• Art						
Music						
• Dance						
• Drama						
Reason for the referral and/or additional	information t	that supports reasons for gifts	d scre	pening: (provide examples such		
			u scre	ering. (provide examples such		
as Super Saturday participation, outside	assessment	s, etc.)				
		Г				
Signature of Person Initiating Refe	rral	Relationship to Student	1	Date		
orginature of recision minuting recis	iiui	relationship to otadent		Date		
Parent/Guardian signature (Poquired for Testing)			Date			

Please return the completed form to your building principal:

Teresa Reynolds, LMECC Alison Gates, LMES

Amber Huber, LMPR Ryan Cherry, LMMS Kevin Harleman, LMHS

2024-2025 Gifted Identification Time Frames						
Referrals Received by Gifted Liaison	Student Testing Window	Results Sent Home				
Friday, 10/11/24	10/14 – 11/22	11/25 – 12/20				
Friday, 3/7/22	3/10 – 4/11	4/21- 5/22				