



3040 Kemp Road, Beavercreek, OH 45431 • www.beavercreek.k12.oh.us • Phone: (937) 426-1522 • Fax: (937) 429-7517

**REFERRAL/PERMISSION for INDIVIDUAL ASSESSMENT:  
GIFTED IDENTIFICATION**

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

Building: \_\_\_\_\_ Classroom Teacher: \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ **Please check here if you would like results sent by e-mail.**

REQUEST:  
Please check below

\_\_\_\_\_ Gifted Identification

RECENT SCORES:  
(if available)

Test Name: \_\_\_\_\_

Score: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of person initiating referral    Position or relationship to student    Date

\_\_\_\_\_  
Parent/Guardian Signature (if different from above)    Date

**(Return to Beth Sizemore, 3040 Kemp Road, Beavercreek, OH 45431)**

----- *For staff use* -----

Assessment Conducted by \_\_\_\_\_ Date \_\_\_\_\_

Name of Assessment \_\_\_\_\_ Results \_\_\_\_\_

Student Qualifies \_\_\_\_\_ yes \_\_\_\_\_ no

Parents/Guardians Notified by letter or e-mail sent on: \_\_\_\_\_

*Results also sent to: Building Administrator; Gifted Staff; Classroom teacher; Permanent record folder; and Gifted Folder if student qualifies.*