



Fairborn City Schools

306 E. Whittier Avenue, Fairborn, Ohio 45324

Sarah Fulton - Gifted Services

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NOMINATION / PERMISSION FOR GIFTED ASSESSMENT

To the Parents/Guardian of: _____ Date of Birth: _____

Grade: _____ Building: _____ Teacher or Nominator: _____

The above student has been nominated for gifted identification testing in the area/s checked below. If the student scores in the screening range on a test, s/he will be retested. The student must have advanced scores on designated assessments to be nominated for gifted testing. The criteria for a student to be identified as gifted are listed below.

Area of Gifted Nomination	State Criteria for Identification	Visual & Performing Arts
_____ Superior Cognitive	130 Cognitive Score	ODE Rubric Rating +
_____ Creative Thinking	115 Cognitive Score + Teacher Checklist	Teacher Checklist
_____ Reading	95 th National Percentile Rank	_____ Music
_____ Math	95 th National Percentile Rank	_____ Visual Art
_____ Science	95 th National Percentile Rank	_____ Dance
_____ Social Studies	95 th National Percentile Rank	_____ Drama

Advanced scores/performance referenced for this gifted nomination include:

Permission is given to conduct the assessments. I understand that designated school personnel will have access to this information. I also understand that I will be informed of the results by mail. The state of Ohio mandates gifted identification and parent notification. There is no mandate for gifted services at this time. We recommend partnering with your child's teacher to ensure appropriate challenge in the classroom. Further information about giftedness can be found at the ODE website. <http://education.ohio.gov/> Type "Gifted education" or "Gifted Parents" in the search box.

Parent/Guardian: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Please return to the Building Principal ASAP.