

Pickerington Schools

Guidance on Gifted Screening and Identification

This passage outlines the process for requesting an evaluation for gifted identification by the Pickerington Schools district. There are two opportunities each year to request an evaluation, with different referral deadlines: **September 30** for the fall opportunity and **March 1** for the spring opportunity. Testing takes place during the regular school day and uses a variety of identification instruments from the Ohio Department of Education's [Chart of Approved Assessments and Gifted Education](#).

Parents or guardians are not notified of the specific date or time of testing due to the high volume of testing requests that the district receives. Testing results will either be sent home with the student or sent to the parent or guardian's email address listed in Infinite Campus.

If a student has a 504 plan or IEP and requires testing accommodations, please attach the allowed accommodation to the Referral for Gifted Screening and Identification form.

All testing may result in waitlist status if appropriate placement has reached capacity and/or if scheduling prohibits the student's placement at the time. Placement priority is given to students who attend their home school building. Students attending a school under intradistrict building transfer may be placed on a waitlist until there is an opening for services. A student with an unexcused absence on the day of testing may not be tested until the following testing window.

Please note that gifted identification does not guarantee the receipt of formalized gifted services. The student must meet the criteria set by Pickerington Schools to be considered for gifted services. The test results will be used for placement in the following school year, and no placement changes will be made during the current school year based on the results of testing.

All students are tested for gifted identification when in Grade 2, Grade 3, Grade 5, and Grade 11. Referrals are not necessary for the fall window of these years. Additionally all students in Grades 2-8 are tested three times per year via i-Ready assessments for identification as gifted in math or reading. No referrals are needed for those areas.

I understand 1) my student must meet the criteria set by Pickerington Schools to be considered for gifted services, 2) that gifted identification does not guarantee that my student will receive formalized gifted services, 3) all test results are used for placement for the following school year, and 4) **no placement changes will be made during the current school year based upon my student's testing results.**

Parent/guardian signature: _____ Date: _____

Pickerington Schools

Referral for Gifted Screening and Identification

Please complete and submit this form to request evaluation of your student for gifted identification. Ohio defines a student who is gifted as one who “performs or shows potential for performing at remarkably high levels of accomplishment when compared to others of their age, experience, or environment” (Ohio Revised Code 3324.01). Please note, this is not a request for any testing other than that with the intent and purpose of evaluating a student for potential gifted identification.

Student's name: _____ Date: _____

School name: _____ Grade level: _____

Parent/guardian name: _____ Phone: _____

Address: _____ Email: _____

Testing Requested:

All students are tested for gifted identification when in Grade 2, Grade 3, Grade 5, and Grade 11. Referrals are not necessary for the fall window of these years. Additionally all students in Grades 2-8 are tested three times per year via i-Ready assessments for identification as gifted in math or reading. No referrals are needed for those areas.

Please evaluate my student for gifted identification in the following ability areas:

- ☐ Superior Cognitive Ability
- ☐ Science (Grade 5 and higher only)
- ☐ Social Studies (Grade 9 and higher only)

I grant permission for Pickerington Schools to complete all assessments related to this referral at any time during the school year in which the form is received.

Parent/guardian signature: _____ Date: _____

Return this form to Gina Komorowski, gina_komorowski@plsd.us or mail to Pickerington Schools, 90 N East St, Pickerington, OH 43147 Attn: Todd Stanley, Gifted Services