## Acceleration Referral

**Date of Application** 

Last Name:

First name

Student's Last Name	Student's	First N	Name		Student's Ashland City Sc	hools –
Street Address (Include Apt. No.)	Zip Code	:		Telephone Number	Date of Birth	
Social Security Number	Ethnicity	r	Sex	Parent or Guardian's Name		
Current School	Grade	Name	of Perso	n Initiating Application		

Was student previously served in a gifted program? If yes, please explain.  $\Box$  Yes  $\Box$  No

Does the student or parent need assistive technology or other accommodation to attend meetings or understand the content of written and/or verbal information? If yes, please explain.  $\Box$  Yes  $\Box$  No

Did you enclose the following items?	Report Cards -current and previous two years	Important Standardized Test Scores - previous two years	Parent /Guardian Gifted Survey	Ohio Proficiency and Achievement Test Scores			
		For Office Use Only					
Ohio Administrativ	ve Code Category			School Placement			
Superior Cognitive	Ability	Not Accepte	d	□ Self-Contained			
Specific Academic A	Ability	□ Referred for 7	Testing	Resource			
□ Reading		Cognitiv	re	Advanced Classes			
□ Mathematic	S	□ Achieve:	Achievement				
□ Science		Consent	Letter Sent	School			
Social Studie	es						
Creative Thinking A	bility						
		The applica	tion is incomplete, the	following items are missing:			
Visual or Performing A	Arts Ability	□ Student	Report Cards - current a	and previous two years			
Dance		□ Standard	lized Test Scores – prev	ious two years			
Drama		Ohio Pr	Ohio Proficiency and Achievement Test Scores				
Vocal Music		D Parent/0	Guardian Gifted Survey	Form			
Instrumenta	l Music	Other	□ Other				

Coordinator of Talent Development Program

Date

Send Completed Application Form to:

Ashland City Schools Talent Development Program 1407 Claremont Avenue Ashland, Ohio 44805

### **Standardized Test Scores**

Name of Most Recent Standardized Test	Age When Tested	Grade When Tested	Copies of Test Res	ults Attached
			<b>V</b> es	🛛 No
			<b>V</b> es	🛛 No
			<b>V</b> es	🛛 No
			<b>U</b> Yes	D No
Include copies of Standardized Test Result	ts: Stanford, OLSAT, CA	T, CogAT, ITBS, Terra N	ova, PSAT, etc. from	previous two vears.

## Ohio Proficiency/Achievement Test Scores (most recent-if available)

			•		
	Math	Reading	Citizenship	Writing	Science
Scale Score					
Pass or Fail					
Tested in Grade		Date of Testing:			

If no test scores are available, please explain why.

Academic Progress					
Reading/Language Arts	Α	В	С	D	F
Mathematics	Α	В	С	D	F
Social Studies	Α	В	С	D	F
Science	Α	В	С	D	F
Please circle student's current progress/grade in the above subjects. Include copies of Report Cards from	the p	orevio	us two	o year	<b>s.</b>

Academic Achievement	Almost Always	Often	Occasionally	Rarely
Usually "sees more" or "gets more" out of a story, film concept, etc.	4	3	2	1
Has a long attention span; becomes absorbed and truly involved.			2	1
Performs academically in advance of the class; may desire to do better than peers.			2	1
Sees the possibility of more than one answer to a question.				1
Strives toward perfection; is willing to go beyond the required assignment.				1
Has the capacity to look into things and be puzzled; enjoys the challenge of difficult problems or materials.	4	3	2	1
Can reason things out for him/herself.				1
Able to adapt learning to various situations somewhat unrelated in orientation. Can take a learned concept and apply it to other subjects. Makes mental connections between past and present				
experiences.	4	3	2	1
Displays verbal proficiency characterized by "richness" of expression/elaboration.	4	3	2	1

Cognitive Behaviors	Almost Always	Often	Occasionally	Rarely
Has vocabulary or knowledge in a specific area that is unusually advanced for age or grade.	4	3	2	1
Has knowledge about things of which other children are unaware.	4	3	2	1
Grasps concepts quickly, easily and without much repetition. (Bored with routine tasks and may refuse to do rote homework.)			2	1
Recognizes relationships and comprehends meanings. (May make jokes or puns at inappropriate				
times.)	4	3	2	1
Has unusual insight into values and relationships. (May perceive injustices and assertively oppose them.)	4	3	2	1
Asks more provocative questions about the causes and reasons for things. (May refuse to accept		5		1
authority and be nonconforming.)	4	3	2	1
Evaluates facts, arguments, and children/adults critically. (May be critical or impatient with self and others, including the teacher.)			2	1
Enthusiastically generates ideas or solutions to problems and questions. (May dominate others				
because of abilities.)	4	3	2	1
Has an intense, often diverse, self-directed interest. (May be difficult to get involved in topics in				
which he/she is not interested.)	4	3	2	1

Creative Behaviors	Almost Always	Often	Occasionally	Rarely
Displays a great deal of curiosity about many things. Asks many questions.	4	3	2	1
Generates a large number of ideas or solutions to problems and questions; often offers unusual, unique, clever responses.			2	1
Is uninhibited in expression of opinion; is sometimes assertive and spirited in disagreement; is tenacious.				1
Is individualistic; does not fear being different.	4	3	2	1
Shows emotional sensitivity. Responds emotionally to stories, events, and needs of others.	4	3	2	1
Demonstrates risk taking, is enthusiastic and speculative. May have different criteria for success.	4	3	2	1
Predicts multiple outcomes from present information.			2	1
Self-directed; becomes absorbed and involved in certain topics or problems.	4	3	2	1
Uses limited material to create a meaningful product. Improvises with commonplace materials.	4	3	2	1
Imaginative; manipulates and elaborates ideas.	4	3	2	1

Social and Emotional Behaviors	Almost Always	Often	Occasionally	Rarely
Displays a keen sense of humor.	4	3	2	1
High expectations of self and others.	4	3	2	1
Demonstrates persistency in special-interest areas.	4	3	2	1
Demonstrates mature judgment.	4	3	2	1
Displays a high degree of energy.	4	3	2	1
Shows concern with morality and justice.	4	3	2	1
Self-motivated, self-sufficient.	4	3	2	1

Provide additional relevant information that is pertinent to this referral.

To the best of my knowledge the information provided in this referral is accurate and complete.

Application completed by:			Date:	/	/	
Relationship to student:	Teacher	Name of School				
	Principal	Name of School				
	Guidance Counselor	Name of School				
	Parent/Guardian					
	Other	Specify Relationship				

#### **Ashland City Schools**

# Parent/Guardian Gifted Survey

Student's Last Name	Student's First Name Date of Birth Grade Ethnic		Ethnicity (Optional)							
			/	/						
School Name	Room No.	Teacher's Name				1				
							Almost Always	en	Occasionally	ely
For the statements listed belo	ow, circle the num	nber of the rating tha	t best descr	ibes y	our chil	d.	Мп	Often	Oce	Rarely
Shows a great interest in books							4	3	2	1
Knows a lot of information abo	ut many topics						4	3	2	1
Is always asking questions about	anything and every	thing					4	3	2	1
Knows and can use a large vocal	bulary						4	3	2	1
Offers unusual and unique respo	onses to problems						4	3	2	1
Catches on to new ideas quickly							4	3	2	1
Has a good sense of humor							4	3	2	1
Displays unusual sensitivity to th	ne feelings of others						4	3	2	1
Demonstrates good memory							4	3	2	1
Displays a vivid imagination							4	3	2	1
Enjoys discussing ideas with adu	llts						4	3	2	1
Is a perfectionist							4	3	2	1
Remains interested in one topic	for a long time						4	3	2	1
Exhibits unusual ideas or approaches	to problem solving (m	akes up new games, figures	out a way to fi	x somet	hing, etc.)		4	3	2	1
Has a "need to know" or "desire	e to excel"						4	3	2	1

## Please use the back of this form to describe specific examples of ways your child has displayed one or more of the characteristics at home.

**Yes, I give permission** to the Ashland City Schools to administer individual test(s), which may include tests of cognitive abilities, to my child. My signature will permit the sharing of the results with school personnel for planning and evaluation purposes.

No, I DO NOT give permission to the Ashland City Schools to administer individual test(s), which may include tests of cognitive abilities, to my child.

Signature of Parent/Guardian:

Address:

Date: / /

Telephone:	
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For office use only:
Date form sent:
Initiated by:
Achievement Testing:
Cognitive Testing:
Other:

*Please return completed form to:* Ashland City Schools Talent Development Program 1407 Claremont Ave. Ashland, Ohio 44805

Provide additional relevant information t	that is pertinent to	this Gifted Survey.
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