



# Madison-Champaign Educational Service Center

Providing outstanding customer-based service

Dr. Daniel Kaffenbarger, Superintendent  
Matthew Ketcham, Treasurer

## Referral Form

Child \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Is referred for possible identification as gifted in the following area(s):

Superior Cognitive Ability

Reason

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Academic Ability

Mathematics

Science

Reading

Writing

Social Studies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Creative Thinking Ability

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Visual or Performing Arts Ability

(such as drawing, painting, sculpting,  
music, dance, drama)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Initiating Referral

\_\_\_\_\_  
Person or Relationship to Child

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving Referral

\_\_\_\_\_  
Date

NOTE: A parent may request assessment through any verbal or written means to the building administrator.

PLEASE RETURN TO BUILDING ADMINISTRATOR, GIFTED INTEVENTION SPECIALIST (IF APPLICABLE) OR  
MICHELE ROBERTS, MADISON-CHAMPAIGN ESC AT THE ADDRESS BELOW





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## Permission for Assessment

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Referred By: \_\_\_\_\_

Your child has been referred as a potentially gifted child. In order to determine if your child qualifies, according to the State of Ohio Criteria, the following assessments are required:

\_\_\_\_ Superior Cognitive Assessments

\_\_\_\_ Specific Academic Ability Assessment

\_\_\_\_ Superior Cognitive Assessment **and** Specific Academic Ability Assessment

No assessment will be completed without your written permission, and you will be notified of the results after the evaluation is completed. Please read the statements below, complete, and sign the form. Return the form to your child's homeroom teacher or the gifted teacher in your district. If you have questions, please contact me at the phone number or email below.

Sincerely,

Michele Roberts  
Supervisor of Gifted Services  
(937) 484-1589  
[roberts@mccesc.k12.oh.us](mailto:roberts@mccesc.k12.oh.us)

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I understand that if I grant permission, my child will receive assessments by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel.

\_\_\_\_ Permission is given to conduct assessment(s)

\_\_\_\_ Permission is denied

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return By: \_\_\_\_\_

***Return form to Gifted Intervention Specialist (If Applicable),  
Building Administrator or Michele Roberts***

