



**CUYAHOGA HEIGHTS SCHOOLS**  
4820 East 71<sup>st</sup> Street · Cuyahoga Heights, Ohio 44125-1095

**Referral for Screening and Assessment of Gifted Identification**

Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent(s) Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please include all information which may help with the identification process.

Please check areas of referral:

- Superior Cognitive
- Reading/Writing
- Mathematics
- Creative Thinking
- Science
- Social Studies
- Visual/Performing Arts

Signature of Person Initiating Referral: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Reason(s) for Referral: \_\_\_\_\_

**Parent/Guardian Authorization for Student Assessment:**

**I hereby authorize qualified professional personnel of the Cuyahoga Heights School District to follow its state approved identification plan, which may include individual or small group testing. I understand that I will be notified of the results within thirty days of the assessment.**

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

**Return to:  
Dr. Theodore Caleris  
4820 East 71st Street  
Cuyahoga Heights, Ohio 44125**