

OCDSB Referral Form: Specialized Gifted Program (Secondary)

If your child is not currently enrolled in a congregated gifted program, then you will need to submit the following:

- A completed OCDSB Referral Form: Specialized Gifted Program (Secondary)
- A copy of a psychological report OR the results from at least one of the following cognitive assessments: CCAT7, WISC V, Stanford-Binet

A. To be completed by parent(s)/ Guardian(s)

Student's Name:	Student OEN:
Date of Birth (MM/DD/YY):	Home Phone #:
Parent(s)/Guardian(s):	Alternate Phone #:
Home Address:	Postal Code:
Parent(s) email:	
Current School:	Community School:
Current Grade, Program and Placement: (i.e. Grade 8 Regular Class - Indirect Service, Grade 9 Specialized Gifted Program - Partially Integrated)	Desired Grade, Program and Placement:
In order to build a student profile the following documentation <i>may</i> be included: <ul style="list-style-type: none"> <input type="checkbox"/> Most recent student report card <input type="checkbox"/> Most recent Individual Education Plan 	

B. To be completed by Multi-D Team Members

Assessment Used (i.e. CCAT-7, WISC V, Stanford-Binet):	Date of Assessment:
Scores (verbal, non verbal, quantitative, Full Scale, GAI):	Canadian Norms Used: Y N
Meets Criteria: Y N	Substitutions Used: Y N
Psychologist Name:	Psychologist Signature:

I understand and consent to this Referral being considered for a specialized program

Parent(s)/Guardian(s) Signature