

INSTRUCTIONS:

1. Complete Your Referral Package

From the **File Menu**, select **Make a Copy** to complete the *OCDSB Referral Form Specialized Gifted Program at the Secondary Level (Grade 9-12)* below on pages 2 and 3.

2. Submit Your Referral Package

Please return the referral form on pages 2 and 3, along with all required documentation outlined in the referral form, **preferably in one email** to:

Zachary Logue

Head of Student Services and Special Education

zachary.logue@ocdsb.ca

3. Deadlines

While there are no deadlines for families to submit referral packages, we are best able to support students in their course selection if we receive packages as soon as possible.

4. Decisions

Referral packages are reviewed by the OCDSB's Specialized Gifted Program Review Committee. Reviews can take up to 4 to 6 weeks. Applicants are asked not to email the school asking for updates on their referral during that time.



OCDSB Referral Form

Specialized Gifted Program at the Secondary Level (Grade 9-12)

Thank you for your interest in the Ottawa-Carleton District School Board's Specialized Gifted Program at the Secondary Level (Grades 9-12).

Instructions:

If your child is not currently enrolled in an OCDSB Specialized Gifted Program at the Elementary Level, you will need to submit the following documents to register:

- This completed and signed OCDSB Referral Form: Specialized Gifted Program at the Secondary Level (Grade 9-12)
- Proof of address (three pieces needed):
 - Any one of: property tax bill, assessment notice, purchase of sale agreement or rental agreement
 - Any two of: hydro bill, phone bill, credit card statement, car insurance bill, bank statement
- Most recent report card
- Most recent Individual Education Plan (if applicable)
- Most recent psychoeducational assessment containing one of the following cognitive assessments:
 - CCAT-7
 - WISC-V
 - Stanford-Binet FSIQ
- Any additional assessment reports (e.g., most recent medical, speech-language/communication, Intensive Behaviour Intervention, occupational/physiotherapy, social work)
 - ↳ Please indicate: _____

Part A: Student Information

| | |
|---|--|
| First Name: | Last Name: |
| Date of Birth (DD/MM/YYYY): | OEN: <small>This 9-digit number can be found on your child's Ontario Report Card or IEP</small> |
| Current School: | Designated Non-Gifted OCDSB School: <small>Based on your home address</small> |
| Current Grade: | Current Program and Placement: <small>(e.g. Grade 8 Regular Class - Indirect Service)</small> |
| Desired School, Program and Placement: Lisgar Collegiate Institute — Specialized Gifted Program at the Secondary Level (Grades 9-12) — English — Partially Integrated | |
| Please briefly outline any pertinent information about your child's learning <u>that is not already indicated</u> in your attached documents: | |

Part B: Parent/Guardian Information

| Parent/Guardian # 1 | |
|---------------------|------------------------------|
| First Name: | Last Name: |
| Street Address: | City, Province, Postal Code: |
| Phone Number: | Alternative Phone Number: |
| Email Address: | Relationship: |

| Parent/Guardian # 2 (if applicable) | |
|---|------------------------------|
| First Name: | Last Name: |
| Street Address: <input type="checkbox"/> Same as parent/guardian # 1 | City, Province, Postal Code: |
| Phone Number: | Alternative Phone Number: |
| Email Address: | Relationship: |

Part C: Parent/Guardian Agreement and Consent

I understand and consent to this referral being considered for a specialized program. I have verified that my child either meets or exceeds the OCDSB's criteria for this specialized program. If I am sharing documents electronically, I understand that the OCDSB has considered and ensured measures to protect the privacy and confidentiality of my child's information according to best practice; however, no technological communication system is entirely secure. I consent to being contacted by OCDSB Learning Support Services staff to discuss this referral.

Parent/Guardian # 1 Signature

Date (DD/MM/YYYY)

For Review Staff Only

| | |
|---|------------------------------------|
| Assessment Used (e.g., CCAT-7, WISC-V): | 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: | Psychologist's Signature: |