



## Ohio University Zanesville Campus Visual and Performing Arts Summer Institute A Summer Honors Institute for Gifted Students

Instructions to Students:

This form must be completed and signed by a gifted coordinator, gifted education teacher, guidance counselor, principal, or psychologist. Submit the completed and signed form with your application to the Summer Honors Institute to which you are applying. If you are applying to attend a Summer Honors Institute at more than one college or university, photocopy this form and submit completed and signed copies to each Summer Honors Institute to which you are applying.

If you are not currently enrolled in an Ohio public school, you may demonstrate eligibility by submitting documentation showing that you meet the criteria for gifted identification in Ohio Administrative Code (OAC) 3301-51-15(c) (“eligibility”) in place of this form. The text of OAC 3301-51-15 is available online at:

[www.ode.state.oh.us/exceptional\\_children/gifted\\_children/TheRuleOAC3301-51-15.ASP](http://www.ode.state.oh.us/exceptional_children/gifted_children/TheRuleOAC3301-51-15.ASP)

A parent or guardian’s signature is not sufficient to establish eligibility to participate in a Summer Honors Institute.

Instructions to Educators:

To be eligible to participate in the Ohio Summer Honors Institutes, students must be enrolled in the 9<sup>th</sup> or 10<sup>th</sup> grade during the 2007-2008 academic year, and must be identified as gifted in one or more areas of identification according to the criteria specified in Ohio Administrative Code (OAC) 3301-51-15.

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Please complete, sign, and date this form.

<u>Student’s Name:</u> _____		<u>Student’s Current Grade:</u> _____			
<u>School District:</u> _____		<u>School Building:</u> _____	<u>County:</u> _____		
<p><b>Area(s) of Gifted Identification</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Superior Cognitive  <input type="checkbox"/> Creative Thinking  <input type="checkbox"/> Visual/Performing Arts  <input type="checkbox"/> Specific Academic Ability         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Mathematics  <input type="checkbox"/> Science  <input type="checkbox"/> Reading, Writing or a Combination  <input type="checkbox"/> Social Studies         </td> </tr> </table>				<input type="checkbox"/> Superior Cognitive <input type="checkbox"/> Creative Thinking <input type="checkbox"/> Visual/Performing Arts <input type="checkbox"/> Specific Academic Ability	<input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Reading, Writing or a Combination <input type="checkbox"/> Social Studies
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<p><i>“I certify that the student named above meets the criteria for gifted identification described In Ohio Administrative Code (OAC) 3301-51-15.”</i></p> <p><i>School Official’s Name (Print):</i> _____</p> <p style="text-align: center;">_____ (_____) _____</p> <p><i>School Official’s Signature</i> <span style="float: right;"><i>School Official’s Telephone</i></span></p>					
<p><b>School Official’s Position:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Gifted Coordinator  <input type="checkbox"/> Counselor  <input type="checkbox"/> Principal         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Gifted Intervention Specialist  <input type="checkbox"/> Psychologist  <input type="checkbox"/> Other Administrator: _____         </td> </tr> </table>				<input type="checkbox"/> Gifted Coordinator <input type="checkbox"/> Counselor <input type="checkbox"/> Principal	<input type="checkbox"/> Gifted Intervention Specialist <input type="checkbox"/> Psychologist <input type="checkbox"/> Other Administrator: _____
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*Please use reverse side for additional comments.*



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