

Student Eligibility Confirmation Form Ohio Summer Honors Institutes

Instructions to Students:

This form must be completed and signed by a gifted education 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.

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 using the search terms "gifted operating standards."

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 ninth or tenth grade during the 2008-2009 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.

The text of OAC 3301-51-15 is available online at www.ode.state.oh.us using the search terms "gifted operating standards."

Please complete, sign and date this form.

<i>Student's Name</i> _____		<i>Student's Current Grade</i> _____	
<i>School District</i> _____		<i>School Building</i> _____	<i>County</i> _____
Area of Gifted Identification:		<input type="checkbox"/> <i>Specific Academic Ability</i>	
<input type="checkbox"/> <i>Superior Cognitive</i>		<input type="checkbox"/> <i>Mathematics</i>	
<input type="checkbox"/> <i>Creative Thinking</i>		<input type="checkbox"/> <i>Science</i>	
<input type="checkbox"/> <i>Visual/Performing Arts</i>		<input type="checkbox"/> <i>Reading, Writing or a Combination</i>	
		<input type="checkbox"/> <i>Social Studies</i>	
"I certify that the student named above meets the criteria for gifted identification described in Ohio Administrative Code (OAC) 3301-51-15."			
School Official's Name (Print): _____			
_____		(____) _____	
School Official's Signature		School Official's Telephone	
School Official's Position:			
<input type="checkbox"/> Gifted Coordinator		<input type="checkbox"/> Gifted Intervention Specialist	
<input type="checkbox"/> Counselor		<input type="checkbox"/> Psychologist	
<input type="checkbox"/> Principal		<input type="checkbox"/> Other Administrator: _____	
Designee at student's school who will receive confirmation of attendance:	Name _____		
	Email _____		