

Paradise Valley Unified School District

"Where individual excellence is our goal"

Nomination for Gifted Testing Parent Information Packet

Dear Parents:

We would like to offer assistance and information that will help you determine if gifted testing is appropriate for your child. Please follow the brief procedure outlined in this packet.

Thank you,

Dina Brulles, Ph.D.
Gifted Education Services Coordinator

Procedure

1. Read "Differences Between Bright Child and Gifted Learner."
2. Complete the "Elementary Parent Information Form for PVUSD Gifted Education Services." If you have questions whether gifted testing is appropriate for your child, please contact your school's Gifted Specialist.
3. If you would like to have your child tested for Gifted Services, after reviewing the information included in this packet, please complete the "Permission to Test Form" and submit it to your child's classroom teacher.
4. Parents who complete the "Permission to Test Form" will be notified of the testing date by their school's Gifted Specialist or classroom teacher.

Differences in Characteristics

Bright Child

Knows the answers
Is interested
Is attentive
Has good ideas
Works hard
Answers the questions
Top group
Listens with interest
Learns with ease
6-8 repetitions for mastery
Understands ideas
Enjoys peers
Grasps the meaning
Completes assignments
Is receptive
Copies accurately
Enjoys School
Absorbs information
Technician
Good memorizer
Enjoys straightforward
sequential presentation
Is alert
Is pleased with own learning

Gifted Learner

Asks the questions
Is highly curious
Is mentally and physically involved
Has wild, silly ideas
Plays around, yet tests well
Discusses in detail, elaborates
Beyond the group
Shows strong feelings and opinions
Already knows
1-2 repetitions for mastery
Constructs abstractions
Prefers adults
Draws inferences
Initiates projects
Is intense
Creates a new design
Enjoys learning
Manipulates information
Inventor
Good guesser
Thrives on complexity
Is keenly observant
Is highly self critical

Bright Child Gifted Learner, by Janice Szabos Challenge, 1989, issue 34 p. 4

Elementary Parent Information Form For PVUSD Gifted Education Services

Parents: Please use this form to help you determine whether to have your child tested for gifted education services. This form is for your information only, and should not be turned into the school. Its purpose is to provide you with information regarding whether gifted testing is appropriate for your child.

Criteria	Not at All	Sometimes	Often	Very Often
1. Does your child use a lot of "grown-up words?"				
2. Does your child want to know why things are like they are? (Does he/she want to know what makes things or people "tick"?)				
3. Does your child notice likenesses and differences between people, events, or things?				
4. Is your child a keen and alert observer? (Does he/she seem to get more out of a TV show or experience than other children of the same age?)				
5. Is your child interested in "grown-up" problems such as world hunger, pollution, war, etc.?				
6. Does your child explain things well and carry messages accurately?				
7. Does your child suggest a better way to do something if he/she isn't satisfied with the way it's being done?				
8. Does your child have a lot of curiosity? Does he/she ask many questions about all kinds of things?				
9. Does your child think through his/her decisions more than most children of the same age?				
10. Does your child imagine things to be different from the way they actually are? Do you hear him/her saying, "What if...?" or "I wonder what would happen if...?"				

11. Does your child feel comfortable with situations which may not have one "right" answer?				
12. Does your child stick to a job or problem until it is completed or solved to his/her satisfaction?				
13. Is your child sensitive to the needs and feelings of others?				
14. Does your child frequently have unusual ideas?				
15. Does your child seem to look for challenges?				

PARADISE VALLEY UNIFIED SCHOOL DISTRICT

Permission to Test Form

Your child has been nominated to be tested for Gifted Services. To qualify for gifted services, your child must meet the state-mandated criteria. PVUSD follows the gifted identification criteria set by the Arizona Department of Education. Your child will qualify for services if a score of 97% or above is achieved on any one of the tests included on the Arizona Department of Education State Approved Gifted Test List.

NOMINATION INITIATED BY: _____ DATE: _____

STUDENT: _____ BIRTHDATE: _____

STUDENT ID: _____ SEX: M F

PARENT/GUARDIAN: _____

ADDRESS: _____ PHONE: _____

CITY: _____ ZIP: _____

SCHOOL: _____ GRADE: _____

TEACHER: _____

NEW STUDENT TO DISTRICT: Y N FORMERLY IDENTIFIED AS GIFTED: Y N

NAME OF FORMER GIFTED PROGRAM: _____ DISTRICT: _____

CITY: _____ STATE: _____ ZIP: _____

_____ I give permission for my child to be tested for Paradise Valley Unified School District Gifted Services.

_____ I DO NOT give permission for my child to be tested for Paradise Valley Unified School District Gifted Services.

I understand that I will receive a written notification regarding my child's status following evaluation.

Signature of Parent/Guardian

Date

PARADISE VALLEY UNIFIED SCHOOL DISTRICT

FORMULARIO DE PERMISIÓN PARA EVALUACIÓN DE ALUMNOS DOTADOS GIFTED TESTING PERMISSION FORM

Su hijo(a) ha sido nominado(a) para recibir una evaluación para Servicios a Estudiantes Dotados. A fin de calificar para dichos servicios, su hijo(a) deberá cumplir con los criterios estatales establecidos; en el Distrito Escolar Paradise Valley nos regimos por los criterios del Departamento de Educación de Arizona. Su hijo(a) deberá obtener un puntaje de 97% o superior en cualquiera de los exámenes comprendidos en la lista de exámenes para dotados del Departamento de Educación de Arizona, para tener derecho a recibir los servicios para alumnos dotados.

NOMINACIÓN INICIADA POR: _____ FECHA: _____

ESTUDIANTE: _____ FECHA DE NACIMIENTO: _____

GÉNERO: **M**ASCULINO **F**EMENINO # DE IDENTIFICACIÓN ESTUDIANTIL: _____

PADRE DE FAMILIA O TUTOR LEGAL: _____

DIRECCIÓN: _____ TELÉFONO: _____

CIUDAD: _____ CÓDIGO POSTAL (ZIP): _____

ESCUELA: _____ GRADO: _____

MAESTRA(O): _____

NUEVO ESTUDIANTE EN EL DISTRITO: Sí (Y) No HA SIDO IDENTIFICADO ANTES COMO DOTADO (GIFTED): Sí (Y) No (N)

NOMBRE DEL ANTERIOR PROGRAMA PARA ALUMNOS DOTADOS: _____ DISTRITO ESCOLAR: _____

CIUDAD: _____ ESTADO: _____ CÓDIGO POSTAL (ZIP): _____

<p>_____ SÍ doy permiso para evaluar a mi hijo(a) con el fin de recibir Servicios para alumnos Dotados en el Distrito Escolar Unificado Paradise Valley.</p> <p>_____ NO doy permiso para evaluar a mi hijo(a) con el fin de recibir Servicios para alumnos Dotados en el Distrito Escolar Unificado Paradise Valley.</p>

Entiendo que al completarse la evaluación recibiré notificación por escrito de la clasificación de mi hijo(a).

Firma de uno de los padres o tutor legal

Fecha