PVSchools
Gifted Education

Nomination for Gifted Testing
Parent Information Packet

Student _____   School _____

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.
Has your child been previously tested?**   Yes   No

If so, during what year(s)? _____

**If your child has past gifted testing scores of 80-96, you may wish to consider retesting. As per test publishers' requirements, students cannot take the same gifted test until 12 months have passed.

Thank you,

Dina Brulles, Ph.D.
Gifted Education Director

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, submit the completed "Elementary Parent Information Form" and the "Permission to Test Form" to your child's classroom teacher.
4. Parents who complete the "Elementary Parent Information Form" and 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	Gifted Learner
Knows the answers	Asks the questions
Is interested	Is highly curious
Is Attentive	Is mentally and physically involved
Has good ideas	Has wild, silly ideas
Works hard	Plays around, yet tests well
Answers the questions	Discusses in detail, elaborates
Top group	Beyond the group
Listens with interest	Shows strong feelings and opinions
Learns with ease	Already knows
6-8 repetitions for mastery	1-2 repetitions for mastery
Understands ideas	Constructs abstractions
Enjoys peers	Prefers adults
Grasps the meaning	Draws inferences
Completes assignments	Initiates projects
Is receptive	Is intense
Copies accurately	Creates a new design
Enjoys school	Enjoys learning
Absorbs information	Manipulates information
Technician	Inventor
Good memorizer	Good Guesser
Enjoys straightforward sequential presentation	Thrives on complexity
Is alert	Is keenly observant
Is pleased with own learning	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. Students for whom the criteria fall predominantly in the "Often" and "Very Often" categories should be considered for testing. Please return this completed form along with the "Permission to Test Form" to your child's teacher.

Student _____   **School** _____

Criteria	*Not at All*	*Sometimes*	*Often*	*Very Often*
1. Does your child use a lot of "grown-up" words?	Not at All	Sometimes	Often	Very Often
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"?)	Not at All	Sometimes	Often	Very Often
3. Does your child notice likenesses and differences between people, events, or things?	Not at All	Sometimes	Often	Very Often
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?	Not at All	Sometimes	Often	Very Often
5. Is your child interested in "grown-up" problems such as world hunger, pollution, war, etc.?	Not at All	Sometimes	Often	Very Often
6. Does your child explain things well and carry messages accurately?	Not at All	Sometimes	Often	Very Often
7. Does your child suggest a better way to do something if he/she isn't satisfied with the way it's being done?	Not at All	Sometimes	Often	Very Often
8. Does your child have a lot of curiosity? Does he/she ask many questions about all kinds of things?	Not at All	Sometimes	Often	Very Often
9. Does your child think through his/her decisions more than most children of the same age?	Not at All	Sometimes	Often	Very Often
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…?"	Not at All	Sometimes	Often	Very Often

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

Teacher's Initials _____

PARADISE VALLEY UNIFIED SCHOOL DISTRICT Phoenix, Arizona
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: _____

Has your child been previously tested?   Yes _____   No _____

If so, during what year(s)?_____

Does your child currently have an _____IEP or _____504 on file (so that the tester make appropriate accommodations)? If so, please include a copy with this Permission to Test form.

☐ 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

upd: 8/2018