

Sacaton Elementary School District NO. 18

P.O. Box 98

92 S. Skill Center Road · Sacaton, AZ 85147 Phone: (520) 562-8600

www.sacatonschools.org

Nomination for Gifted Testing

Teacher Information Packet

Procedure

1. Read the following articles:
 - *Differences Between Bright Child and Gifted Learner*
 - *Understanding, Identifying, and Meeting the Needs of Gifted Native American Students.*
2. Complete the following forms for each student considered for gifted testing.
 - **Teacher's Class Screening Form for Nominating Students for Gifted Testing**
 - **Referral Form**
3. Submit all paperwork to **Angela Weddle, District Gifted Teacher/Coordinator.**

2016-2017 District Gifted Assessment Schedule

First Quarter	August 29 th – September 2 nd Referrals due: August 12 th
Second Quarter	November 9-10 Referrals due: October 21 st
Third Quarter	March 20-24 Referrals due: March 2 nd

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Bright Child or Gifted Learner

Bright Child	Gifted Learner
Knows the answer	Asks the question
Is interested	Is highly curious
Is attentive	Is mentally and physically involved
Has good ideas	Has wild, silly ideas
Answers the questions	Plays around, yet tests well
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 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

Source: Janice Szabos, *Bright Child Gifted Learner*, Challenge Magazine 1989

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Teacher's Class Screening Form
For Nominating Students for Gifted Testing

Teacher _____ Grade _____

School _____ Date _____

Please use this form to identify students who are strong candidates for gifted services in the Sacaton Elementary School District. For each description, write the first and last names of up to **3 students** who **first** come to mind. The same student may be listed multiple times. You need not fill in every space if no students, or fewer than three, come to mind for a particular quality. Complete a "Referral Form" for those students whose names appear **6 or more** times on this screening form.

1. Learns rapidly and easily

2. Offers original, imaginative responses

3. Is widely informed on many topics

4. Is self-directed and has a long attention span

5. Is inquisitive; skeptical

6. Has an extensive vocabulary

7. Constantly asks questions

8. Seeks out challenging work

9. Associates often with other smart children

10. Has an advanced sense of humor

11. Is easily bored

12. Has intense emotions

13. Understands concepts readily

14. Challenges the teacher's knowledge base

15. Does not accept things at "face value"

16. Dislikes arbitrary decisions

17. Is seen by other children as "smart"

18. Produces original ideas and projects

19. Uses logic to solve problems

20. Is intrigued by abstract ideas

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REFERRAL FORM

(to be completed by Teacher)

Please Print

Date: _____

Student: _____ Grade: _____

Classroom Teacher _____ Room#/Phone Ext. _____

Name of Referring Party _____ Phone Ext. _____

Relationship to Student: Teacher Parent/Guardian Other School Personnel

Has the student been evaluated for this program before? Yes No School year last evaluated _____

Please provide district assessment data

DIBELS: please list all that apply

FSF: _____ LNF: _____ PSF: _____ NWF: _____

ORF: _____ RTF: _____ DAZE: _____ Benchmark ____ Strategic ____ Intensive ____

AIMS Web (kinder only):

OCM: _____ NIM: _____ QDM: _____ MNM: _____

Intensive ____ Strategic ____ Benchmark ____

Galileo: Math (scale score) _____ Reading (scale score) _____ Writing (scale score) _____

AZ Merit: Math (scale score) _____ Reading (scale score) _____ Writing (scale score) _____

Lexile Level (5th-8th only) _____

iReady _____

Does the student currently have an ____ IEP or ____ 504 on file? If so, please include a copy for testing accommodations.

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PARENTAL PERMISSION TO TEST

(gifted coordinator will contact parents)

Your child has been nominated to be tested for Gifted Services. To qualify for gifted services, your child must meet the state standard criteria. Sacaton School District follows the gifted identification criteria set by the Arizona Department of Education. Tests used are approved by the Arizona Department of Education.

Student _____ Date of Birth _____ Male ___ Female ___

Grade _____ School: _____ Elementary _____ Middle School Teacher _____

Parent/Guardian _____

Mailing Address _____ City _____ Zip Code _____

Phone Number: Home _____ Other _____

Has your child ever been tested for the Gifted Program? Yes ___ No ___ If yes, when? _____

Primary Home Language _____

Please indicate if your child has the following ___ IEP ___ 504

New student to district: Yes ___ No ___ Formerly Identified as Gifted: Yes ___ No ___

If yes, name of previous school _____ District _____

City _____ State _____ Zip Code _____

___ I **give** permission for my child to be tested for the SESD Gifted and Talented Program screening and identification process.

___ I **do not** give permission for the screening and testing to be conducted.

I understand that I will receive written notification regarding my child's status following evaluation within 30 days.

Signature of Parent/Guardian

Date

Please return this form to your child's teacher prior to testing

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A child may not be tested using the same test within a calendar year.

Sacaton Elementary School District uses the Cognitive Abilities Test (CogAT), as well as the Naglieri Nonverbal Ability Test (NNAT2) as evaluation instruments for identifying students who are eligible for gifted education services. These tests have been approved by the Arizona Department of Education.

Cognitive Abilities Test

This test is organized into three separate batteries: Verbal, Quantitative, and Nonverbal. It assesses a wide range of abilities. Within each battery there are three subtests.

Verbal Battery: assesses students' abilities to use search, retrieval, and comparison processes that are essential for verbal reasoning.

Quantitative Battery: assesses students' abilities to reason about patterns and relations using concepts that are essential in quantitative thinking.

Nonverbal Battery: assesses students' abilities to reason with somewhat more novel questions that use spatial and figural content.

Naglieri Nonverbal Ability Test

This is a brief nonverbal measure of general ability. The test questions are made of shapes and/or symbols. The instructions are straightforward and brief. The NNAT2 measures ability fairly for students from many different cultural and linguistic backgrounds.

For questions or comments, please call:

Angela Weddle, SESD Gifted Teacher/Coordinator at (520) 562-8600 ext. 3072 or

Dr. DiAnne Davidsen, SESD Director of Exceptional Student Services (520) 562-8600 ext. 2029.

