



## Snoqualmie Valley School District GIFTED TESTING NOMINATION FORM

- Students must be present after school on all required days of testing for their grade. Alternate testing days are not available.

Grade	Required Testing Date(s)
1 <sup>st</sup> – 3 <sup>rd</sup>	January 10 <sup>th</sup> <u>and</u> January 24 <sup>th</sup>
4 <sup>th</sup> & 5 <sup>th</sup>	January 10 <sup>th</sup>
6 <sup>th</sup> & 7 <sup>th</sup>	February 28 <sup>th</sup>

- The deadline for Nomination Forms is December 6, 2019.** Email, mail or deliver your completed form to [edwardsnr@svsd410.org](mailto:edwardsnr@svsd410.org) or Snoqualmie Valley School District, Attn: Nicky Edwards, 8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065.
- Testing event questions may be addressed to Nicky Edwards at [edwardsnr@svsd410.org](mailto:edwardsnr@svsd410.org) or 425-831-3882.

### STUDENT INFORMATION

Student's Name: ALBERT (Last) ANNA (First) ☒ Female ☐ Male

Current Grade: 5 Current School: Snoqualmie Elementary School Birthdate: 5/5/2009

Is your child a resident of Snoqualmie Valley? ☒ Yes ☐ No

Parent/Guardian Name: ALBERT AROCKIAM

Parent/Guardian Address: 7914 CORTLAND AVE SE, SNOQUALMIE WA 98065

Parent/Guardian Home Phone: (425) 444 5612 Day Phone: (425) 444 5612

Email: alby72@yahoo.com Preferred Means of Contact: Phone

Primary language spoken at home: ENGLISH / TAMIL

Please indicate if your child is currently receiving special services below. Check all that apply. N/A

☐ Elementary or Middle School Gifted Program ☐ Special Ed. ☐ 504 Plan ☐ Other: \_\_\_\_\_

Is there a documented need for testing accommodations for this student? ☐ Yes ☒ No  
(If "yes", we will contact you to gather additional information)

Has student taken the Cognitive Abilities Test (CogAT) or ITBS in the past year? ☒ Yes ☐ No

If yes, where? School If testing data is available, please attach.

### PARENT/GUARDIAN CONSENT

I give the Snoqualmie Valley School District permission to test my child to determine eligibility and/or possible placement in gifted program(s).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Parent Rating Scale

## Scale 1: General Intellectual Ability

	Never 0	Rarely 1	Some 2	Somewhat More 3	Much More 4
1. Has excellent reasoning ability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Establishes cause-effect relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Can analyze an issue from many points of view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Is able to reach good conclusions based on evidence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Is curious and seeks answers to questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Is an excellent planner and decision maker.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Gathers information to make sense of a situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Demonstrates a healthy skepticism and curiosity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Asks complex questions about a topic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Is able to rapidly understand novel tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Is able to figure out what is needed to solve a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Can easily relate new information to old information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Totals	DISTRICT WILL TOTAL FIELDS				

## Scale 2: Creativity

	Never 0	Rarely 1	Some 2	Somewhat More 3	Much More 4
1. Seeks to create rather than imitate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Is persistent in finding solutions to problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Is proficient at problem finding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Enjoys taking risks (e.g., doesn't mind consequences of being different, not afraid to try something new).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Breaks gender stereotypes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Does not mind uncertainty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Enjoys time alone (particularly when engaged in the creative process).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Is an excellent improviser.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Has a passionate interest or talent (e.g., art, poetry, creative writing or science).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Is attracted to the complex and unique.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Likes adventure; is energetic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Values own creativity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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(Last) (First)

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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Parent/Guardian Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Means of Contact: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Please indicate if your child is currently receiving special services below. Check all that apply.

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