



Nomination form for students who demonstrate exceptional ability in one or more academic areas. These students usually:

- **Perform academically at least two years above grade level**
- **Display readiness for very advanced or accelerated learning opportunities**
- **Require additional academic challenges to support their continued educational growth**
- **Demonstrate characteristics of unique creativity and higher level thinking**

The identification process begins with an opportunity for parents and/or teachers to refer students for gifted services. SVVSD identifies students K-12 for gifted services.

If you believe that your child/student demonstrates exceptional ability and would like to pursue identification for gifted services, please fill out the information below and **return it to your child’s school or teacher by MONDAY, AUGUST 27TH**.

Once nominations are received, students are evaluated over a period of time. Performance in classroom settings, state testing data, standardized test scores, and behavioral rating scales are periodically reviewed. Students may also take additional tests to help determine their ability or achievement during the identification process. For students who have been previously tested, a full review of data is completed before next steps are determined. **According to district policy, students can be tested twice in their academic career.** The GT department will review external cognitive testing if it is provided to the GT department by the parent or guardian.

Students qualify for gifted services when they score in the 95th percentile in each of the three categories which include: cognitive ability, behavioral/learning characteristics, and achievement, as measured with tools approved by the Colorado Department of Education and the district Gifted Services Department. If a student qualifies for gifted education services, the parents/teachers will be notified and an Advanced Learning Plan will be developed to meet the child’s unique educational needs.

If you have any questions, please contact your Hygiene GT teacher, Linda Hockman at Hockman_Linda@svvsd.org

STUDENT NOMINATION FORM - RETURN BY MONDAY, AUGUST 27TH

Student Name: _____ **Date:** _____

Grade: _____ **School:** _____ **Teacher:** _____

I believe that my child or student (**circle one**) is performing approximately two years above grade level and demonstrates exceptional strengths in the following areas, check those that apply:

- Reading** (report card typically indicates (+) above grade level curriculum)
- Math** (report card typically indicates (+) above grade level curriculum)
- Writing** (requires student submitted portfolio of writing samples for review)
- Visual Arts** (review requires submission of portfolio of art samples/resume for review as part of district criteria)
- Leadership** (review requires student designed/implemented community service project/resume for review)
- Creativity** (review requires portfolio submission)
- Performing Arts/Music** (review requires student submitted video taped performances/resume for review)

Parent or Teacher Signature (**circle one**)

Email Address