Parent – Gifted Nomination Packet:

- Nomination Form
- Permission to Evaluate Form
- Parent Evaluation Form

Elementary School (Grades K-5): Forms are accepted ONLY in October and February

Secondary School (Grades 6-12): Forms are accepted year round during the school year, not in the summer months.

Gifted Specialists:
Michael Grise, Elementary Gifted Specialist
Courtney Massengill, Secondary Gifted Specialist

Mail Nomination Packet (all 3 forms) to:

Dr. Yardley C. Farquharson
Director Assessment and Student Services
Dinwiddie County Public Schools
P.O. Box 7
14016 Boydton Plank Road
Dinwiddie, Virginia 23841
GIFTED EDUCATION
DINWIDDIE COUNTY PUBLIC SCHOOLS
Dinwiddie, Virginia 23841

GIFTED PROGRAM NOMINATION FORM

I would like to nominate ____________________________________________, a _____________ grade student at ________________________________ School, to be considered for the Gifted Program in Dinwiddie County Public Schools.

I have based my nomination on the following (describe in a narrative form):

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

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______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Date ____________________________________________ Signature ______________________________

ESL Translation Needed (Check One)

☐ Yes

☐ No

Relationship to Pupil (Check One)

☐ Teacher

☐ Parent

☐ Other (Specify) ________________________________

Name of Teacher: __________________________________________________________

Name of Parents: __________________________________________________________

Address: _________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Phone Number: ________________________________

Please mail this form to: Director of Assessment and Student Services
Dinwiddie County Public Schools
P.O. Box 7 / 14016 Boydton Plank Road
Dinwiddie, Virginia 23841

OFFICE USE ONLY

Date Received at School Board Office: ________________________________

Revised November 2018
PERMISSION TO EVALUATE

Student’s Full Name: _________________________________  DOB: ______________________

School: ___________________________  Grade: _________  Teacher: _______________________

Address: __________________________________________________________________________

____________________________________________________________________________________

Phone: ________________________________

I GIVE permission for _________________________________ to be evaluated for gifted services. I understand that as part of the evaluation process an achievement test and an individual intelligence test will be administered.

________________________________________  __________________________________________
Signature of Parent                      Date

I DENY permission for an individual intelligence and a Metropolitan Achievement Test to be given.

________________________________________  __________________________________________
Signature of Parent                      Date

ESL Translation Needed (✓ Check One)

☐ Yes
☐ No

Date Received in School Board Office: ______________________________
PARENT EVALUATION OF STUDENT PERFORMANCE

Student: ____________________ School: ____________________ Grade: ____________________

Date: ____________________ Teacher: ____________________

What special talents or skills does your child have? ____________________________________________________________

Give examples of behaviors that illustrate this: ____________________________________________________________

Directions: Check the following items that best describe your child and make comments as necessary.

<table>
<thead>
<tr>
<th>Item</th>
<th>Little</th>
<th>Some</th>
<th>A Great Deal</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Is alert beyond his/her years</td>
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<tr>
<td>Likes school</td>
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<tr>
<td>Has interests of older children or of adults in games and reading</td>
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<tr>
<td>Sticks to a project once it is started</td>
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<tr>
<td>Is observant</td>
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<tr>
<td>Has lots of ideas to share</td>
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<tr>
<td>Has many different ways of solving a problem</td>
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<td>Is aware of problems others often do not see</td>
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<tr>
<td>Uses unique and unusual ways of solving problems</td>
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<tr>
<td>Wants to know how and why</td>
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<td>Likes to pretend</td>
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<td>Other children call him/her to initiate play activities</td>
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<tr>
<td>Asks a lot of questions about a variety of subjects</td>
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<tr>
<td>Is not concerned with details</td>
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<td>Enjoys and responds to beauty</td>
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<td>Is able to plan and organize activities</td>
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<td>Has above average coordination, agility, and ability in organized games</td>
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<td>Often finds and corrects own mistakes</td>
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<td>Others seem to enjoy his/her company</td>
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<td>Makes up stories and has ideas that are unique</td>
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<td>Has a wide range of interests</td>
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<tr>
<td>Item</td>
<td>Little</td>
<td>Some</td>
<td>A Great Deal</td>
<td>Comments</td>
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<td>Gets other children to do what he/she wants</td>
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<td>Like to play organized games and is good at them</td>
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<td>Enjoys other people and seeks them out</td>
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<td>Is able and willing to work with others</td>
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<td>Sets high standards for self</td>
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<td>Chooses difficult problems over simple ones</td>
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<td>Is able to laugh at self (if necessary)</td>
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<td>Likes to do many things and participates wholeheartedly</td>
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<td>Likes to have his/her ideas known</td>
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Reading interests (favorite *types* of books and/or *titles*): ______________________________________________________

Favorite school subject(s): ______________________________________________________

General attitude toward school: ______________________________________________________

Favorite playtime/leisure activities: ______________________________________________________

Hobbies and special interests: ______________________________________________________

What special lessons, training, or learning opportunities does your child have outside of school? _________

What are some of the influences at home or school that may negatively influence your child’s performance in school? _________

What other things would you like us to know that will assist us in planning a program for your child? _________

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*Signature* ____________________________  *Relationship to Child* ____________________________