



DINWIDDIE COUNTY PUBLIC SCHOOLS
DEEP ROOTS • GREAT HEIGHTS

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. Pamela Joyner
Director of Exceptional Education
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):

_____ 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 Exceptional Education
Dinwiddie County Public Schools
P.O. Box 7 / 14016 Boydton Plank Road
Dinwiddie, Virginia 23841

OFFICE USE ONLY

Date Received at School Board Office: _____

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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: _____

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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.

| Item | Little | Some | A Great Deal | Comments |
|---|--------|------|--------------|----------|
| Is alert beyond his/her years | | | | |
| Likes school | | | | |
| Has interests of older children or of adults in games and reading | | | | |
| Sticks to a project once it is started | | | | |
| Is observant | | | | |
| Has lots of ideas to share | | | | |
| Has many different ways of solving a problem | | | | |
| Is aware of problems others often do not see | | | | |
| Uses unique and unusual ways of solving problems | | | | |
| Wants to know how and why | | | | |
| Likes to pretend | | | | |
| Other children call him/her to initiate play activities | | | | |
| Asks a lot of questions about a variety of subjects | | | | |
| Is not concerned with details | | | | |
| Enjoys and responds to beauty | | | | |
| Is able to plan and organize activities | | | | |
| Has above average coordination, agility, and ability in organized games | | | | |
| Often finds and corrects own mistakes | | | | |
| Others seem to enjoy his/her company | | | | |
| Makes up stories and has ideas that are unique | | | | |
| Has a wide range of interests | | | | |

| Item | Little | Some | A Great Deal | Comments |
|---|--------|------|--------------|----------|
| Gets other children to do what he/she wants | | | | |
| Like to play organized games and is good at them | | | | |
| Enjoys other people and seeks them out | | | | |
| Is able and willing to work with others | | | | |
| Sets high standards for self | | | | |
| Chooses difficult problems over simple ones | | | | |
| Is able to laugh at self (if necessary) | | | | |
| Likes to do many things and participates wholeheartedly | | | | |
| Likes to have his/her ideas known | | | | |

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? _____

Signature

Relationship to Child