



# 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 September through January

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

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#### Gifted Specialists:

Michael Grise, Elementary Gifted Specialist

Latrice Johnson, Secondary Gifted Specialist

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#### Mail Nomination Packet (all 3 forms) to:

Robbie M. Garnes  
Director of 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**  
**(Non-Identified Students)**

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: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Please mail this form to:

Robbie M. Garnes, Director of 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: \_\_\_\_\_



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**PERMISSION TO EVALUATE**

Student's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

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

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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*

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