

TULSA PUBLIC SCHOOLS GIFTED/TALENTED EDUCATION Eligibility Information

(To be completed by Site Gifted/Talented Committee)

Student's Legal Name (last name first)	Date of Birth	Student's ID #	Nominated By	
Current School	Teacher / Homeroom Teacher / Counselor		Grade	Room #
Parent/Guardian's Full Name	Home Address and Zip Code		Telephone (home/cell)	

STANDARDIZED ABILITY TEST	TEST DATE	GRADE ADMINISTERED	STUDENT'S AGE AT ASSESSMENT	STANDARD SCORE + SEM = ____	%ILE RANK
Otis-Lennon School Ability Test					
Naglieri Nonverbal Ability Test					
WPPSI __ WISC __ WAIS __					
Other:					

OKLAHOMA CRITERION-REFERENCED TEST (5 TH , 8 TH , EOI, etc.)	TEST DATE	GRADE ADMINISTERED	OPI SCORE	PLACEMENT CATEGORY

STANDARDIZED ACHIEVEMENT TEST SCORES	TEST DATE	GRADE ADMINISTERED	STANDARD SCORE	PERCENTILE RANK
GATES-MACGINITIE READING TEST				
EXPLORE PLAN ACT SAT				
Other:				

Complete the following. Place one copy in the student's G/T file and one copy the student's cumulative file; send one copy to the Director of Student Services at ESC. Hold a conference with the parents/guardians of students who qualify as gifted by ability to present test report update, a list of services that will be provided to the student, and answer questions.

1. Test scores	Y N
2. Parent request / test consent form	Y N
3. Teacher request form	Y N
4. Multi-criteria documentation	Y N
5. Met with classroom teacher parent(s) / guardian(s)	Y N

Meets criteria of 97%ile rank to be classified as gifted by ability
 Does not meet criteria to be classified as gifted by ability
 Meets site multi-criteria to be classified as _____
 Recommend further testing with _____
 Not placed for gifted or talented services

COMMITTEE COMMENTS: _____

PRINCIPAL'S SIGNATURE _____ DATE _____

COUNSELOR / OTHER _____ DATE _____

COMMITTEE MEMBER / POSITION _____ DATE _____

COMMITTEE MEMBER / POSITION _____ DATE _____

COMMITTEE MEMBER / POSITION _____ DATE _____

COMMITTEE MEMBER / POSITION _____ DATE _____

G/T CHAIRPERSON _____ DATE _____