



# Snoqualmie Valley Public Schools

8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065  
Phone (425) 831-8000 ♦ Fax (425) 831-8040 ♦ www.svsd410.org

**Testing will take place afterschool on Friday, January 4<sup>th</sup>, and Friday, January 25<sup>th</sup>, at each elementary school. Both dates must be attended by first through third grade students. Fourth and fifth grade students should plan to attend the January 4<sup>th</sup> date only. If you wish to have your student/child tested, please fill out the nomination form below and return it to Angela Zwiefelhofer in the Teaching and Learning Department at the District Office. Forms must be mailed or hand carried to the District Office. Emailed or faxed nomination forms will not be accepted. All forms must be received by the District Office or have a post mark no later than December 7, 2018.**

## Gifted Testing Nomination Form

<p>Return form to: Angela Zwiefelhofer Snoqualmie Valley School District PO Box 400 Snoqualmie, WA 98065 Phone 425-831-4215</p>
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Student's Name \_\_\_\_\_ Female / Male  
(Last) (First) (Circle one)

Current Grade \_\_\_\_\_ Current School \_\_\_\_\_ Birthdate \_\_\_\_\_

Is this a private school? Yes / No If "yes," is your child a resident of Snoqualmie Valley? Yes / No  
(Circle one) (Circle one)

Teacher Name/Email Address (if not SVSD) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Preferred means of contact: \_\_\_\_\_

**I give permission to test my child to determine eligibility and/or possible placement in the Snoqualmie Valley School District Gifted Program.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check any areas below that are appropriate:

Is another language routinely spoken in the home? Yes \_\_\_\_\_ What language? \_\_\_\_\_

Is your child currently in a special program? ES Gifted \_\_\_\_\_ Special Ed. \_\_\_\_\_ 504 Plan \_\_\_\_\_ Other \_\_\_\_\_

Is there a documented need for testing accommodations for this student? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If "yes," you will be contacted regarding this.)

Has this student taken the Cognitive Abilities Test (CogAT) or ITBS in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, where? \_\_\_\_\_ If testing data is available please attach.

