



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.svdsd410.org

Testing will take place at Cascade View Elementary School on Wednesday, August 7th at 9:00 AM, and Thursday, August 8th at 9:00 AM. Please block out both days for testing. You will receive further information on what grades will test each day. If you wish to have your student/child tested, please fill out the nomination form below and return it to Nicky Edwards 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 July 1, 2019.

Summer Gifted Testing Nomination Form Grades 1-8

Return form to:
Nicky Edwards
Snoqualmie Valley School District
PO Box 400
Snoqualmie, WA 98065
Phone 425-831-4215

Student's Name _____ Female / Male
(Last) (First) (Circle one)

2019-20 Grade _____ 2019-20 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.

Parent Rating Scale

Scale 1: General Intellectual Ability

	<i>Never</i>	<i>Rarely</i>	<i>Some</i>	<i>Somewhat More</i>	<i>Much More</i>
1. Has excellent reasoning ability.	0	1	2	3	4
2. Establishes cause-effect relationships	0	1	2	3	4
3. Can analyze an issue from many points of view.	0	1	2	3	4
4. Is able to reach good conclusions based on evidence.	0	1	2	3	4
5. Is curious and seeks answers to questions.	0	1	2	3	4
6. Is an excellent planner and decision maker.	0	1	2	3	4
7. Gathers information to make sense of a situation.	0	1	2	3	4
8. Demonstrates a healthy skepticism and curiosity.	0	1	2	3	4
9. Asks complex questions about a topic.	0	1	2	3	4
10. Is able to rapidly understand novel tasks.	0	1	2	3	4
11. Is able to figure out what is needed to solve a problem.	0	1	2	3	4
12. Can easily relate new information to old information.	0	1	2	3	4
Totals					

Scale 2: Creativity

	<i>Never</i>	<i>Rarely</i>	<i>Some</i>	<i>Somewhat More</i>	<i>Much More</i>
1. Seeks to create rather than imitate.	0	1	2	3	4
2. Is persistent in finding solutions to problems.	0	1	2	3	4
3. Is proficient at problem finding.	0	1	2	3	4
4. Enjoys taking risks (e.g., doesn't mind consequences of being different, not afraid to try something new).	0	1	2	3	4
5. Breaks gender stereotypes.	0	1	2	3	4
6. Does not mind uncertainty.	0	1	2	3	4
7. Enjoys time alone (particularly when engaged in the creative process).	0	1	2	3	4
8. Is an excellent improviser.	0	1	2	3	4
9. Has a passionate interest or talent (e.g., art, poetry, creative writing or science).	0	1	2	3	4
10. Is attracted to the complex and unique.	0	1	2	3	4
11. Likes adventure; is energetic.	0	1	2	3	4
12. Values own creativity.	0	1	2	3	4
Totals					