



DCSD Gifted Education Consent to Test Form

DCSD Gifted and Talented Definition

Gifted and talented students are those students whose abilities, talents and potential for accomplishment are so exceptional, or developmentally advanced, that they require special provisions to meet their educational needs. In accordance with state and national guidelines, the Department of Gifted Education has developed a process to gather data in order to match appropriate programming to identified student need.

Components of identification for gifted programming:

- Student Aptitude
- Student Achievement
- Student Performance (or conversely, high ability/underachieving students)
- Student Interest
- Observable Behaviors (classroom)
- Observable Behaviors (home and community)

REQUIRED: Parent / Guardian Signature

Parents or guardians must give permission for their child to be assessed utilizing the Cognitive Abilities Test (CogAT), when the assessment is given outside of district universal testing. The CogAT is a measure of student ability/aptitude, and is **one piece** in the overall body of evidence gathered when identifying gifted learners.

I give my permission for my student to take the Cognitive Abilities Test (CogAT) as a part of the body of evidence gathered for gifted programming in the Douglas County School District.

Student Name

Teacher/Grade

School Name

Signature of Parent or Guardian (required)

Date

Please return signed consent form to your school's Gifted Education Contact or your child's classroom teacher.



Gifted Education Referral

Student & Referral Information

Student Name:	School:
Grade:	Teacher:
Date of Referral:	Initiated By:
Area of Suspected Exceptionality:	
Has student received prior interventions? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Parent Information

Parent Name: _____	Phone Number: _____
Email: _____	
Parent Name: _____	Phone Number: _____
Email: _____	
Address: _____	City: _____
State: _____	Zip Code: _____

Additional Information

Briefly describe student's strengths: _____ _____
Briefly explain the reason for the referral: _____ _____

Data Collection (Office Use Only)

Parent Observation Form sent to parents: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	Observation Scale given to teacher: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	Student Survey given to student: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
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