

DISTRICT SCREENING REQUEST FOR POTENTIAL GIFTEDNESS

Based upon your child's scores and performance on locally administered assessments and classroom performance, your child has been referred for Level 2 *Initial Referral / Inquiry* for screening to determine if he/she needs to be evaluated for Gifted Services.

Pennsylvania Code Title 22 Chapter 16 § 16.21 mandates that schools adopt a *Child Find* screening and evaluation process to identify children in need of specially designed instruction and Gifted Services. Our screening process and identification matrix can be found on our district's web page located in the Student Services section of the website.

It is important to recognize that potential qualification for Gifted Services is not the same as being a child in need of Gifted Services. According to state law, the district is required to create a distinct process and evaluation procedure in order to ultimately determine whether or not your child *requires* specifically designed instruction and programming that exceeds what is provided in Springfield's dynamic and differentiated classroom learning environment.

A screening team will review existing information/test results and may also require additional assessments in the following areas: aptitude, achievement, and gifted behavior. Parent input is obtained by filling out the attached Modified GERRIC Rating Scale. Based on the information reviewed, the team may conclude from the data that your child should be forwarded to the final step in the evaluation process, LEVEL 3 *Final Candidacy Inquiry*. Should your child qualify for the Level 3 portion of the screening and evaluation, the district will mail a formal "Permission to Evaluate" home requesting permission for the school psychologist to conduct a more formal evaluation.

If you would like for your child to be screened for Gifted Services, please complete the information below and return this form with the attached modified GERRIC Rating Scale to the main office in your child's school.

Student's Name: _____
First Middle Last

School Information: _____
School Grade Teacher

Current Address: _____

City State Zip

Date of Birth: ___ / ___ / ___ Home Phone: _____ Primary Language Spoken at Home: _____

Parent/Guardian Name(s): _____

Has your child ever previously been referred or tested for gifted services? _____ Yes _____ No

If yes, when and where? _____

What was the outcome? _____

My signature below indicates that:

_____ I give permission for my child to be screened for Gifted Services. I understand that I am a member of my child's team and will be given the opportunity to discuss the results and the available options for proceeding at the conclusion of each stage of the screening process.

_____ I do not give permission for my child to be screened for Gifted Services.

_____/_____
Parent/Guardian Signature Date