

**GIFTED & TALENTED**  
**PROGRAM REFERRAL AND TESTING PROCEDURE AND FORM**

1. Teacher, parents, or others make a request to MDT that a student be considered for G/T testing using the Request for G/T Consideration form. The form will then be sent to the gifted staff where a file review will be done and sent to the receiving school's MDT.
2. MDT decides to request or deny gifted testing for student. The GES-3 (Gifted Evaluation Scale) may be given to determine if the child is a viable candidate. If it is decided that further testing should be done, the team sends that request to gifted staff to start the referral process, which would include sending out consent to test and the referral packet to the teacher and parent.
3. The gifted staff would then send the completed consent to test, to the school psychologist.
4. The gifted staff would also contact the Psychologist if any other assessments were needed, such as BASC-2.
5. If the Iowa Acceleration Scale were needed, this would be completed by the gifted staff.
6. Psychologist sends test score report to the gifted staff who enters scores of the STAR testing, achievement and cognitive tests on matrix, and determines student's qualification status.
7. Students wishing to use test results from outside the district for qualification submit a request form to the gifted staff, who in turn presents it to the Head of Special Services.
8. The gifted staff schedules a meeting with the parent, teacher, Psychologist, and school administrator to go over the results and present the findings.
9. If a child is determined to qualify for the pullout program and the parent accepts the decision, the gifted staff will contact the school, teacher, district office, and the bus company (to arrange transportation).
10. The start date of the child will be determine at this time as well.

**REQUEST FOR G/T CONSIDERATION FORM**

Name of student: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Person making request: \_\_\_\_\_

Relation to student: (circle one) Parent / Teacher / Other: \_\_\_\_\_  
(Specify other)

Reason for request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature (of person making request)

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Date received**



**ADOPTED:** April 15, 2014  
Reviewed: February 17, 2015

Revised: June 16, 2015