



Taylor Guffey

K-12 Gifted and Talented Coordinator

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Dear Parents and/or Guardians:

The Viola School District offers many specialized programs in order to provide the most appropriate educational opportunities for all students. One such program is the K-12 Gifted and Talented Program whose purpose is to provide additional learning opportunities and a differentiated curriculum for students who need such modifications. You may refer a child for gifted evaluation. To refer a child, please complete the attached forms and return to the address above.

According to the state definition, “gifted and talented children and youth exhibit high potential or ability whose learning characteristics and educational needs require qualitatively differentiated educational experiences and/or services.” Possession of these talents and gifts, or the potential for their development, will be evidenced through an interaction of above average:

- Intellectual Ability - as evidenced by assessment of verbal and nonverbal intelligence tests
- Creative Ability - as evidenced by creativity assessments
- Task Commitment and/or Motivation - as evidenced by teacher checklists, parent checklists, observation, grades, and achievement tests.

A variety of evaluation instruments are used to provide data for the above criteria. This data collection is carefully analyzed by a committee, and placement in the gifted program is offered when the data indicates an additional need in the child’s academic life, as evidenced by the above criteria defining giftedness established by the Arkansas Department of Education.

Non-placement in the gifted program does not mean that a child is not bright, talented, and possibly gifted in some area(s), but that he or she, according to the criteria defining giftedness established by the Arkansas Department of Education, does not require additional academic options at this time.

For additional information, please contact me.

Sincerely,

Taylor Guffey,

K-12 GT Coordinator

****THIS IS NOT A MANDATORY FORM FOR ALL STUDENTS****

This form only needs to be completed and returned to school if you wish to have your child tested for the Viola Gifted and Talented Program.

Permission to Collect Data for Gifted Programs Evaluation

I would like for my child,

_____ (please
print the full, legal name of the student) to be evaluated for the Viola Gifted
and Talented Program. Viola School District has my permission to complete
this evaluation.

School _____ Grade _____ Birthday _____

Teacher _____

Comments:

Parent/Guardian Signature Date

Parent/Guardian Signature Date

**Has your child been referred for Gifted Evaluation in the Viola School District during a
previous school year? _____ Yes _____ No**

**Has your child been receiving Gifted and Talented Services at a previous school?
_____ yes _____ no**

If yes, what school? _____

Parent/Guardian Signature: _____ Date: _____

**Once this form is received, more forms/questionnaires will be sent home to be completed
for the evaluation process.**

**Please make sure you have completed the back portion of this page before returning to
school.**

Viola Gifted Programs Information for the Parent Referral

Student Full Name _____

Date ____/____/____

School _____ Grade _____

Teacher _____

Birth Date _____ Age _____ Gender (F M)

Address _____

Street City Zip

Phone _____ Primary Language Spoken in Home _____

Email address _____

Living with (Check one): Parent(s) _____ or Guardian(s) _____ Other _____ Guardian's Relationship _____

Name _____ Name _____

Why should your child be evaluated for gifted services? Please be detailed and specific.

Parent Questionnaire for Gifted Referral

Student Name _____

Please respond to the following on space on this paper or on your own paper. If you use another paper, please number your answers.

1. Describe early indication of superior abilities (speech, literacy, interests, physical development, etc.)
2. Describe any significant problems your child has had (speech, emotional, hearing learning)...
3. What special talents or skills do you see in your child?
4. What are your child's vocational aspirations—what does he/she "want to be"?
5. What is your child's attitude toward school?
6. What special lessons, training, travel, or learning opportunities does your child enjoy outside of school?
7. What are your child's hobbies and special interests (collections, drama, sports, etc.)
8. What are your child's reading interests (favorite books, types of books)
9. Reading materials available for your child's use at home (books, encyclopedias, magazines, newspapers, educational software, etc.)
10. What are your educational and vocational expectations for your child?
11. Please list specific needs which you feel the school should address in meeting the educational goals for your child.
12. What other information do you want to share with us about your child? Please add additional pages as you wish.

Parent Checklist for Gifted Evaluation

Name of Student _____ School _____

Many gifted children display some similar behavioral characteristics. Please check those characteristics that you have observed in your child. Your input is a valuable part of the evaluation process.

1. Ability to read early _____ when? _____
2. Large vocabulary _____
3. Ability to learn basic skills quickly and with little practice _____
4. Ability to retain a great deal of information _____
5. Easily bored with routine tasks _____
6. Wide range of interests _____
7. Highly developed curiosity _____
8. Shows interest in world problems _____
9. Enjoys learning new things and new ways of doing things _____
10. Interest in experimenting and doing things differently _____
11. Keen sense of humor _____
12. Highly imaginative _____
13. Is adventurous-a risk taker _____
14. Not interested in details _____
15. Emotionally sensitive _____
16. States own opinion freely _____
17. Is self critical; impatient with failures _____
18. Highly individualistic; may prefer working alone _____
19. Is able to plan and organize activities _____
20. Carries responsibility well _____

Other Comments? Feel Free to use additional paper.

You may place these forms in an envelope and seal the envelope, address it to Taylor Guffey, GT Coordinator, and return it to your child's teacher. You can also mail it directly to my office at Viola School District, 314 Longhorn

Dr., Viola, AR 72583.

For Referrals made by someone other than the parent/guardian/teacher
Gifted Referral Form

I would like to nominate _____ for the
Gifted Program.

Please provide the following if possible:

School _____ Grade _____ Birthday _____

Teacher _____

Signature _____ Date _____

How do you know this child?

Why do you believe this student requires Gifted services?

You may mail the referral directly to Viola School District, 314 Longhorn Dr., Viola, AR 72583.