

For the Teacher, Guidance Counselor or School Administrator:

Standardized Test Scores (from last 2 years)

Name of standardized test	Date of test	Subject area(s)	Score(s)

Report Card Grades (from the last 2 years)

School year/Date	Subject	Grade	Subject	Grade	Subject	Grade	Subject	Grade
	ELA		Math		Science		Social Studies	
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Describe any superior cognitive or academic behaviors that qualify the student for acceleration.

Describe the student's social and emotional behaviors.

Provide any additional information that is pertinent to this application.

Application completed by: _____ Date: _____

To the best of my knowledge the information provided in this application is accurate and complete.

Teacher's Signature	Name of School	Date
Principal's Signature	Name of School	Date



Parent Survey and Consent Form – Acceleration

Dear Parent/Guardian:

The application process for gifted acceleration and services includes a parent/guardian checklist. Please complete the checklist below and submit with the completed application to the Office of Gifted Education.

Student's Last Name	Student's First Name	Student's Identification Number
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For the statements listed below, circle the number of the rating that best describes your child.

	Almost always	Often	Occasionally	Rarely
Shows a great interest in books.	4	3	2	1
Knows a lot of information about many topics.	4	3	2	1
Is always asking questions about anything and everything.	4	3	2	1
Knows and can use a large vocabulary.	4	3	2	1
Offers unusual and unique responses to problems.	4	3	2	1
Catches on to new ideas quickly.	4	3	2	1
Has a good sense of humor.	4	3	2	1
Displays a vivid imagination.	4	3	2	1
Demonstrates good memory.	4	3	2	1
Displays unusual sensitivity to the feelings of others.	4	3	2	1
Produces creative products.	4	3	2	1
Enjoys discussing ideas with adults.	4	3	2	1

Describe specific examples of ways your child has displayed one or more of the above characteristics at home.

I give my permission to the Cleveland Metropolitan School District to administer individual tests to my child. I understand why the school has asked for this evaluation. My signature will permit the sharing of the results with school personnel for planning and evaluation purposes.

Signature of Parent: _____ Date: _____

Home Address: _____ Phone: _____

Please return form to:
Office of Gifted Education
Lucille Komichak, Gifted Coordinator
1111 Superior Ave.. E. #1752
Cleveland, Ohio 44114

or email: Lucille.Komichak@Clevelandmetroschools.org

or fax: (216) 436-5058