☐ Initial
☐ Re-Eval

OUACHITA PARISH SCHOOLS
Pupil Appraisal Services

GIFTED REFERRAL

Student's Name:_____ DOB:_____ SS#:_____-_____-_____

Gender: M / F Race:_____ Grade:_____ Age:_____ Primary Language:_____ SID#:_____

School:_____ Referring Teacher:_____

Parent/Guardian:_____ Address:_____

Mailing Address:_____ _____
(If different from above address: P.O. Box, etc.)

Home Ph:_____ Cell Ph:_____ Work Ph:_____

SCREENING CRITERIA:

Cognitive Screener: _____ ***Academic Screener:*** _____

Points	***0***	***1***	***2***	***3***	***Preschool & K only*** ***4***
Cognitive %ile	**50 – 83**	**84 – 93**	**94 – 97**	**98**	**99 +**
Total Reading %ile	**50 – 83** **Basic**	**84 – 93** **Mastery**	**94 – 97** **Advanced**	**98** **Advanced +**	
Total Math %ile	**50 – 83** **Basic**	**84 – 93** **Mastery**	**94 – 97** **Advanced**	**98** **Advanced +**	

Advanced+ are students who performed in the top 3% of Advanced or with Scaled Scores of 490 – 500.

Total points: _____ (6 points – Total of three scores)

SBLC SIGNATURES:

Principal:_____ Referring Teacher:_____

Pupil Appraisal:_____ Parent/Guardian:_____

Other:_____ Other:_____

PUPIL APPRAISAL USE ONLY:

Date of Request: _____/_____/_____

SBLC Decision Date: _____/_____/_____

Parent Permission Request Date: _____/_____/_____

Parent Signature Date: _____/_____/_____

Evaluation Coordinator: _____ Discipline: ☐ School Psychologist
☐ Educational Diagnostician
☐ School Social Worker

White – PAS File Yellow – SER Pink – Parent

Revised July 2021