Davidson County Schools
Academically/Intellectually Gifted Program
Individual Student Identification/Placement Record and School Site Decision

Student: _____ (LAST) _____ (FIRST) _____ (MI) **School:** _____

NCWISE#: _____ **Gender** _____ **Race** _____ **Grade** _____ **DOB** _____ **Age** _____

This process reflects the use of multiple indicators of giftedness to be considered in the eligibility for services decision.

Check relevant areas

Observation of Student:		
Teacher Inventory:		
Possible Need	_____	30-34
Moderate Need	_____	35-40
Strong Need	_____	41-50
Very Strong Need	_____	51-60
Narrative required	_____	

Student Achievement			
Achievement:			
Test:	_____	**Date:**	_____
Reading:	_____	Percentile	_____
Math:	_____	Percentile	_____
Other:	_____	**Date:**	_____
Reading:	_____	Percentile	_____
Math:	_____	Percentile	_____

Student Aptitude			
Test:	_____	**Date:**	_____
Subtest V	_____	Percentile	
Subtest Q	_____	Percentile	
Subtest NV	_____	Percentile	
Composite	_____	Percentile	
Other:			
Test:	_____	**Date:**	_____
Verbal	_____	Percentile	
Nonverbal	_____	Percentile	
Composite		Percentile	

Student Performance	
Work Samples:	
Reading:	_____
Math:	_____
Numerical Averages:	
Reading:	_____
Math:	_____

Gifted Education Team Decision

_____ No AIG services recommended at this time.

_____ Watch for further indications of need. (Reconsider before: _____)

_____ AIG services recommended and Differentiated Education Plan (DEP) will be created.

Comments: _____

_____

_____

Qualifies:

Reading Pathway _____

Math Pathway _____

Does Not Qualify

Reading _____

Math _____

Signatures of Gifted Education Team Members: **Date of Meeting:** _____

_____ AIG Specialist

_____ Administrator/Designee

_____ Guidance Counselor

_____ Classroom Teacher

_____ Teacher Representative

_____ Teacher Representative

_____ Teacher Representative

_____ Teacher Representative

I have reviewed and understand the decision made by the Gifted Education Team:

Parent Signature: _____ **Date** _____