GIFTED AND TALENTED TESTING

MPS Program Mission

MPS gifted education department is committed to providing appropriate services for students who require differentiated educational services beyond those normally provided by our regular school program. Opportunities for depth and acceleration are offered to meet both affective and cognitive needs of our gifted and talented students. MPS follows the National Association for Gifted Children NAGC Standards for Quality Gifted Education Programs.

MPS Program Eligibility

Testing for the gifted and talented program on a state approved test is offered three times during each school year. Any student scoring at the 97th percentile or above on CogAT qualifies for differentiated instruction provided through numerous service options.

Shepherd Gifted and Talented

Based on student’s CogAT test results, students may qualify for either a co-registration for Honors English and Honors Social Studies or our Accelerated Math or Honors Science.

Gifted and Talented Testing Dates

The CogAT is administered at up to three different times during the school year. Parents must register with the Shepherd Counseling Office in order to take the CogAT and also turn in a signed permission slip.

A student may not test more than one time in a two year period. For example, if a student tested in the middle of 5th grade, they would not be eligible to test until the middle of 7th grade. Test results will be shared with families after testing and appropriate placements will be made.

Important: The testing session will begin promptly at the designated times. Students arriving after these times will not be admitted into the session. The testing session is approximately 2.5 hours in length. Parents are not required to wait during the testing session. Once students have completed testing the will be released to their classes.

Please arrive at least 15 minutes early to ensure adequate time for check in.

For questions please contact Richard Diaz (472-1817) or Audrey McIntosh (472-1820)

REQUIRED: Parent register with Counseling Office prior to testing dates

REQUIRED: Permission To Test English, Spanish

Testing dates for the 2019-2020 academic year are as follows in the Counseling Career Center:

July 31st 10:00am
November 5th 10:00am
May 6th 10:00 am.
MESA
PUBLIC SCHOOLS

Parent Referral/Permission to Test
For Gifted and Talented Program Services

If you wish to refer your child for testing, please complete the form below and return to the school counselor. If this form is not completed and returned, your child will not be tested.

PLEASE PRINT

STUDENT ____________________ GRADE __________
            First          M.I.          Last

SCHOOL ____________________ TEACHER ____________________

DATE OF BIRTH ________________ GENDER  (please circle) M   F

HOME ADDRESS ____________________

CITY ____________________ ZIP ____________________

HOME PHONE ____________________ CELL PHONE ____________________

EMAIL ____________________

PARENT/GUARDIAN INFORMATION

Parent/Guardian ____________________ Relationship ____________________
Name (please print) ____________________ Relationship ____________________
Name (please print) ____________________

I give my permission for the above child to be tested for Gifted & Talented Program services.

__________________________ ______________________
(pARENT/GUARDIAN’S SIGNATURE) (DATE)

Please list any additional information pertinent to the day of testing. ____________________

U:\Forms\Testing Permission Forms\Parent Permission to Test Form JH Apr 2015
Recomendación del padre/Permiso para examinar
Para los servicios del Programa Dotado y Talentoso

Si usted desea recomendar a su hijo/a para ser examinado, por favor llene el formulario a continuación y regrese al consejero escolar. Su hijo/a no será examinado si este formulario no está debidamente llenado y regresado.

POR FAVOR USE LETRA DE IMPRENTA

ESTUDIANTE ___________________________ GRADO __________
Nombre Apellido Segundo nombre

ESCUELA ___________________________ MAESTRO ______________

FECHA DE NACIMIENTO ________________ SEXO (Ponga en círculo) M F

DIRECCIÓN ____________________________

CIUDAD _______________ CÓDIGO POSTAL _______________

TELÉFONO EN CASA ________________ CELULAR ______________

CORREO ELECTRÓNICO __________________________

INFORMACIÓN DEL PADRE/MADRE/TUTOR

Padre/madre/tutor/ ___________________________ Relación ______________
Nombre (Letra de imprenta)

__________________________ Relación ______________
Nombre (Letra de imprenta)

Yo doy mi permiso para que el niño anteriormente mencionado sea examinado para los servicios del Programa Dotado y Talentoso.

(Firma del padre/madre/tutor) ______________ (Fecha) ______________

Por favor incluya cualquier información adicional pertinente al día del examen. __________________________