

Referring a Student for Evaluation

Evaluation for Springfield Public Schools gifted programs is an open process. Parents/guardians, teachers or other school personnel, and student self-referrals are accepted. In many cases, referrals are a combination of these. The evaluation process occurs at various times during the year and involves the following steps:

1. Referral form submitted to the Phelps Center.
2. A Phelps Center secretary will contact the parent/guardian to schedule a time for evaluation during the open testing window.
3. A parent/guardian will bring the referred student to the Phelps Center for an IQ assessment with a district test examiner.
4. Assessment results from the evaluation will be mailed to parent/guardian along with a determination of placement.

Parents/guardians who receive notice of their student not qualifying for gifted services may request a review of the evaluation process. The Gifted Education Director, and/or designee, will review the student's test and meet with the parents/guardians to assist in interpreting the student's assessment results and answer questions relating to the evaluation process.

Assessment protocol requires one year between tests. Students who do not qualify for placement have the option of repeating the above process after one year has lapsed. After a second evaluation is completed and placement decisions have been determined, the opportunity for additional evaluations is closed. Because of this, parents should carefully think about the appropriate time to submit a second referral.

Phelps Center for Gifted Education Student Referral Form

For office use
Date _____
Time _____
Tester _____

Name of student _____ Grade _____ Birth date _____
 Address _____ Zip _____
 Parent/Guardian name(s) _____ Contact # (____) _____
 Parent/Guardian email address _____
 School _____ Teacher _____

New to SPS district? Y / N Previous gifted program? Y / N Grade advanced? Y / N Which grade? _____
 Does student currently receive accommodations for any of the following: IEP, 504, or ELL/ESL? Y / N

When rating students, please think about the student in comparison to other children of similar age, experience, and/or environment

Use the following scale to indicate how frequently you observe the traits and behaviors listed in items 1 – 11.

6 = always 5 = almost always 4 = often 3 = sometimes 2 = rarely 1 = never

	6	5	4	3	2	1
1. Performs or <i>shows potential</i> for performing at remarkably high levels.						
2. Is sensitive to larger or deeper issues of human concern.						
3. Is self-aware.						
4. Shows compassion for others.						
5. Is a leader within his/her group of peers.						
6. Is eager to explore new concepts.						
7. Exhibits intellectual intensity.						
8. Effectively interacts with adults or older students.						
9. Uses alternative processes.						
10. Thinks “outside the box.”						
11. Has intense interests.						
12. Please indicate all content areas where the student shows talent. <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Creative Writing <input type="checkbox"/> Social Studies <input type="checkbox"/> Science <input type="checkbox"/> Foreign Language <input type="checkbox"/> Arts <input type="checkbox"/> Other : _____						
13. Any personal/social development or additional information concerning this student? 						

HOPE Scale/Jack Cook Kent Foundation 2007

 Signature Relationship to student Date

Please return completed form to: Phelps Center for Gifted Education
 934 S. Kimbrough Springfield, MO 65806
 Email to: cjgowers@spsmail.org
 Phone: (417)523-3300 Fax: (417)523-3395

Office use only	
Test Score / Tester / Date _____	
W-5 _____/_____/_____	Date Rec'd _____
W-4 _____/_____/_____	
NNAT _____/_____/_____	Student # _____
SAGES _____/_____/_____	