### Advanced Language
- Has unusually advanced vocabulary for age & applies or modifies based on conflict or behavior of others.
- Uses expressive language when speaking and writing.
- Applies and understands advanced vocabulary in writing, reading & listening. Usually attentive to details.

### Analytical Thinking
- Demonstrates insight into cause-effect relationships; the how and why of things.
- Judges and evaluates ideas, events, and people.
- Separates parts, reasons, and sees logical answers.
- Has good problem solving skills; identifies problems and seeks solutions.

### Sensitivity
- Realistically understands people, events and things.
- Is internally motivated and self-directed.
- Is self-confident with peers and adults. Adapts easily to new situations and change.
- Empathetic and takes action to help others in need.

### Accelerated Learner
- Reads a great deal on his/her own, likes challenging material.
- Has an unusual ability to comprehend symbols (musical, numeral, alphabet, maps)
- Learns new information easily; recalls rote information rapidly.
- Is not balanced in skills and abilities; very good in some things but not everything.

### Perspective
- Manipulates ideas; seeks solutions by adapting, organizing, improving, and modifying.
- Is innovative: produces unusual, unique, clever responses and products
- Can often see from various viewpoints of a concept
- Expresses ideas in a variety of ways

### Meaning Motivated
- Raises probing and relevant questions--not factual or informational questions
- Becomes absorbed and involved; is persistent in completing tasks and acquiring information. Asks thought provoking questions to understand the learning.
- Works independently
- Frequently takes risks

### Sense of Humor
- Has a developed sense of humor. Catches subtle humor in conversation, written work, movies, etc
- Able to “play” with language. Understands puns, riddles, and figurative language.
Screening and assessment is a multi-level process and may take an extended period of time to complete. If qualified for participation, your child will receive differentiated instruction in the four core academic areas through the GT Scope and Sequence. Appropriately challenging curriculum will be provided by trained classroom teachers. At the middle and high school levels, program services are implemented in classes such as IB (International Baccalaureate), AP (Advanced Placement), Pre-AP, and concurrent enrollment. You may inquire at your student’s school how program services are provided.

Date __________________

***Results will be mailed to the address listed for your child in Skyward. If your address has changed since registration, please make sure you update it at your child’s school.***

Student’s Name ___________________________________________  ____________________________

First                                              Last

School___________________________________________ Grade__________________________________

Student Birthdate:____________________________ Age:______________

Nominated by_____________________________________________________________________________

Relationship______________________________________________________________________________

Has your child been tested for GT in AISD before? (Circle answer)   Yes  No  Unsure

PARENT PERMISSION FOR TESTING

I grant permission for ________________________________________ to participate in testing necessary to determine eligibility for the academic gifted education program. I understand that after the total screening is complete I shall be notified if my child does or does not meet the criteria to be placed in the program. My signature also indicates permission for placement if my child does meet the criteria. If I have questions or wish to appeal the decision made by the selection committee I may contact my child’s school.

_____________________________________________  
Signature

Parent or Legal Guardian (Please Print) ____________________________________________________

Home Phone _______________________________  Work Phone ________________________________

Additional information: (Use this area to provide information that would benefit the GT office as we test your child)

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