

Gifted Test Score Request Form

Great effort is made to provide the most appropriate placement for each child attending the Chandler Schools. State approved tests are used to determine gifted qualification. For self-contained gifted services the student must score in the 97th percentile or above on one area of the Cognitive Abilities Test (CogAT) or in the 95th percentile for a composite score. A percentile rank indicates the percentage of students in the same grade group whose scores fall below the score obtained by a particular student. For example, if a 5th grade student obtains a grade percentile rank of 90 on the Quantitative Battery, it means that 90% of the 5th grade students in the standardization sample received scores lower than the score obtained by this particular student. A percentile rank of 40 to 60 is considered average for a grade group.

Reasoning abilities have substantial correlations with learning and problem solving, both in and out of school. Each level of CogAT offers three test batteries. Having multiple measures in each domain greatly increases the dependability of the score profile that is reported for each student. Each battery is represented by two or three different reasoning tasks, which are:

- Verbal: Verbal Classification Sentence Completion Verbal Analogies
- Quantitative: Quantitative Relations Number Series Equation Building
- Nonverbal: Figure Classification Figure Analogies Figure Analysis

Due to confidentiality issues we are not able to provide test score results via the telephone. If you would like to receive your child's scores, please complete the following information and forward this request by mail, fax or scanned email to:

| Address: | Instructional Resource Center |
|----------|---------------------------------|
| | Attn: Gifted Program Department |
| | 500 West Galveston Street |
| | Chandler, AZ 85225 |
| Email: | dailey.april@cusd80.com |

Please Print

| Student Name: | Birth Date: | | | | | |
|--|---------------------------|--|--|--|--|--|
| Current School: | ID#: | | | | | |
| Approximate date of testing: | Grade at time of testing: | | | | | |
| Results can be mailed or emailed please check the preferred delivery and include address | | | | | | |
| Address with city & zip code: | | | | | | |
| Email Address: | | | | | | |
| Parent/Guardian (Print): | | | | | | |
| Parent/Guardian Signature: | Date: | | | | | |

Office Use Only

| SCORE: | Verbal: | % ile | Quantitative: | % ile | NonVerbal: | % ile |
|----------|---------|-------|---------------|-------|--------------|-------|
| FORM: | | | LEVEL: | | Date Tested: | |
| CUSD Sig | nature: | | | | Date: | |