

School year _____

**Bowling Green School District
Gifted Program
Screening/Testing & Evaluation Results For Grades K-3**

Student's name: _____ Grade: _____

Student referred by: Teacher _____ Parent _____

Screening/ NNAT _____ OLSAT _____

Screening/testing date: _____

Student must qualify in *three out of four* identification criteria to be placed in the gifted program. The Universal Screener criteria must be met.

Criteria	Student Score	Standard met?
NNAT >92% OR OLSAT > 92% (Universal Screener)		
STAR Score >92%		
Positive HOPE Scale Rating		
IQ Score of at least 125		

_____ Qualifies

_____ Does Not Qualify

Date file completed by Gifted Program Coordinator _____

Comments:

