

## Conemaugh Valley School District

### Gifted Services Screening Checklist

Student Name: \_\_\_\_\_

School Year: \_\_\_\_\_

Student Age/Current Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Title	Date	Score	Completed By
Gifted Service 2 <sup>nd</sup> Quarter Screening Distributed to Teachers		n/a	
Gifted Service 2 <sup>nd</sup> Quarter Screening Administered			
Meeting to Review Screening Data		n/a	
Group Screening Cognitive Ability Test			
Characteristic Scale Distributed to Teacher		n/a	
Characteristic Scale Completed by Teacher			
<b>Notes:</b>			
K-BIT 2 Administered by Guidance Counselor			
<b>*If student scores a 125 or above on the K-BIT 2, further testing will be completed by the school psychologist, Ms. Marissa McGuire.</b>			
Student referred to Child Study Team		n/a	
Permission to evaluate initiated by Special Education Administrative Assistant		n/a	
Permission to evaluate signed and received			
Student then referred to school psychologist for further testing		n/a	
School Psychologist administer WISC-V		Confidential	

