



Student’s Name _____

TEST INFORMATION: For students already classified as gifted by the school system, please supply a copy of the Pupil Appraisal form from your Special Education Department and the student’s IEP. Please list any test results on file within the past two years. If your student is not classified as gifted, please request a copy of our Report of Psychological Testing form by phone (337-475-5446) or email (office@gpgc.org).

Name of Test	Date Administered	Score (I.Q., grade equivalent, percentile rank)

SCHOOL ACHIEVEMENT RECORDS:

Subject	Title and Course Number	Grades: (end of last year)	Title and Course Number	Grades: (so far this year)
English				
Math				
Science				
Conduct				
Other (Specify)				

TEACHER COMMENTS: Please use the space below to describe this child’s personality, character, social attitudes and adjustment, motivation to learn, and work-study habits. If possible, illustrate with anecdotal material. List any special abilities such as ability to play a musical instrument, write stories or poetry, art work, etc., and other special interests.

_____ Signature of Principal	_____ Date	_____ Printed Name
_____ Signature of Teacher	_____ Date	_____ Printed Name