

# Gifted Child Society, Inc.

A non-profit organization founded in 1957

Office Use Only

Status \_\_\_\_\_  
Letter \_\_\_\_\_  
Needed \_\_\_\_\_  
Source \_\_\_\_\_

## ELIGIBILITY FORM

Student Name: \_\_\_\_\_ Parent Names: \_\_\_\_\_

Street, Town, Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_ Grade: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Information below to be completed by a licensed/certified psychologist or school personnel only.

To be considered for acceptance, a student must qualify in at least **three** out of **five** categories below, one of which must be #1 or #2:

1-A **GENERAL MENTAL ABILITY:** Minimum of two (2) standard deviations above the mean - **IQ 130 or above** – on any of the following tests: WISC III, WISC IV, WPPSI-R, WPPSI-III, Stanford-Binet Fourth Edition, Stanford Binet Fifth Edition, or Raven's (if cultural/language factors apply). Please give all scores, date of test and name of examiner.

\_\_\_\_\_  
\_\_\_\_\_

or 1-B Same as 1-A but based on group test of **MENTAL ABILITY** routinely given by school at this grade level. Please give name of test, all scores and date of test.

\_\_\_\_\_

2. **ACADEMIC ACHIEVEMENT:** Nationally normed standardized test -- minimum of 97 percentile on at least two of the following:

Total Reading: \_\_\_\_\_ Total Mathematics: \_\_\_\_\_ Total Battery: \_\_\_\_\_

Name of Test: \_\_\_\_\_ Date of Test: \_\_\_\_\_

3. **SOCIAL/EMOTIONAL MATURITY** or the readiness to benefit without stress from a program for highly able learners. Please **initial** here if readiness has been demonstrated: \_\_\_\_\_

4. **PROFESSIONAL RECOMMENDATION** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Recommended by \_\_\_\_\_ Title \_\_\_\_\_

5. **CULTURAL CONSIDERATIONS** or those factors that tend to invalidate standardized testing. (Please describe factors if applicable. Checkmark is **not** acceptable.) \_\_\_\_\_

\_\_\_\_\_

**This form must be signed below by the school principal or a licensed/certified psychologist.**

Signature

Title

Date

Name of School

Address of School

**RETURN FORM TO:** Janet Chen, Executive Director  
Gifted Child Society, Inc., 190 Rock Road, Glen Rock, NJ 07452-1736 or Fax 201-444-9099