

**SCHOOL RECOMMENDATION FOR
THE LONG ISLAND UNIVERSITY
CENTER FOR GIFTED YOUTH**

FORM 2

RETURN TO

Long Island University
Center for Gifted Youth
College of Education & Information Science
LIU Post
720 Northern Boulevard
Brookville, New York 11548-1300

This form should be filled out by the **principal** of the child's present school, and the completed form should be mailed by him or her directly to the Center in a stamped, addressed envelope provided by the parent. Please attach a copy of the candidate's latest report card to this form.

(PLEASE PRINT)

CANDIDATE'S NAME:

_____ (LAST) (FIRST) (MIDDLE)

CANDIDATE'S ADDRESS:

CANDIDATE'S PHONE NUMBER:

This candidate has been a student of the _____ School,

located at _____ (STREET ADDRESS) (CITY) (STATE) (ZIP)

From _____ to _____.

Grade level as of Sept. 20_____ School Telephone Number _____

This is a program for gifted children. As the name implies, it is for children with noticeable academic and intellectual promise. While guidelines are not fixed, gifted children are usually identified by high scores on standardized I.Q. tests, strong personal interests, and superior school performance. Students accepted into the program in past semesters have usually shared most or all of the following characteristics: **scores of 130 or more on I.Q. tests, high scores on achievement tests, and exceptional school performance** (e.g., pupils in grades 4 and higher are generally working a minimum of two years above grade level). As we do not wish to place a child in a group in which he/she cannot cope, we welcome your comments.

TEST RESULTS

INTELLIGENCE:

| INDIVIDUAL TESTS | Test Date | Scores | | | | | |
|-------------------|-----------|--------|-----|-----|-----|------|----|
| | | VCI | PRI | WMI | PSI | FS | |
| WISC-IV | | | | | | | |
| WPPSI-III | | VS | | PS | | FS | |
| Stanford-Binet V | | FR | KN | QR | VS | WM | FS |
| Stanford-Binet IV | | VR | AVR | QR | STM | COMP | |

| GROUP TESTS | Test Date | Scores | | |
|----------------------------------|-----------|--------|----|-------|
| | | V | Q | NV |
| Cognitive Abilities Test (COGAT) | | | | |
| Otis-Lennon | | V | NV | TOTAL |
| Other (Name) | | | | |

Note: We do not accept brief or abbreviated assessment measures, e.g., VKT, Slosson, WASI, etc.

ACHIEVEMENT – MATHEMATICS:

| | Test Date | NATIONAL | | LOCAL | | Level |
|---------------------------|-----------|----------|---------|-------|---------|-------|
| | | % | Stanine | % | Stanine | |
| Iowa Test of Basic Skills | | | | | | N/A |
| NYS Math (Grade 4) | | N/A | N/A | N/A | N/A | |
| Terra Nova | | | | | | N/A |
| TONYSS | | | | | | N/A |
| Other (Name) | | | | | | N/A |

ACHIEVEMENT – READING:

| | Test Date | NATIONAL | | LOCAL | | Level |
|---------------------------|-----------|----------|---------|-------|---------|-------|
| | | % | Stanine | % | Stanine | |
| Iowa Test of Basic Skills | | | | | | N/A |
| ELA (Grade 4) | | N/A | N/A | N/A | N/A | |
| Terra Nova | | | | | | N/A |
| TONYSS | | | | | | N/A |
| Other (Name) | | | | | | N/A |

Personal Evaluation

1. Student is _____ is not _____ mature and well adjusted.

2. As a student (circle one) Outstanding Above Average Average

Additional Comments: _____

Date _____ Signature _____
 Print Name _____
 Title _____