



Newton County School District

Brooke Sibley – Superintendent
Decatur, MS 39327

GIFTED SERVICES GIFTED ELIGIBILITY FORM

**PLEASE USE BLUE OR
BLACK INK ONLY**

Gifted Contact Person: Stacy Jackson	Newton County Elementary/Middle School
School District: NEWTON COUNTY SCHOOLS	District Phone: (769)757-0060

TO BE COMPLETED BY PARENT OR GUARDIAN		STUDENT IDENTIFICATION
Name:		Student ID#:
DOB:	Age:	Grade:
Parent/Legal Guardian (print):		
Address:		
Street Address		City State Zip
Phone:	Alternate Phone:	

PARENTAL CONSENT	
I have been informed of the identification process for the gifted program. A copy of The Family Education Rights and Privacy ACT (FERPA) has been explained and given to me. I hereby consent to having my child tested in the effort to determine if a gifted eligibility can be satisfied according to criteria in the Gifted Program Regulations.	
Signature:	Date:

* ELIGIBILITY DETERMINATION *	
(to be completed by Newton County Schools staff)	
First Submission	Second Submission
Based upon the assessment data, the Gifted Local Survey Committee has determined that this student is: ☐ Intellectually Gifted Academically Gifted ☐ Artistically Gifted Creatively Gifted ☐ Provisional Eligibility (Twice Exceptional) ☐ Not Eligible for Gifted Services DATE: ____ / ____ / ____ Members Present (Printed Name/Signature) _____ _____ _____ _____	Based upon the assessment data, the Gifted Local Survey Committee has determined that this student is: ☐ Intellectually Gifted Academically Gifted ☐ Artistically Gifted Creatively Gifted ☐ Provisional Eligibility (Twice Exceptional) ☐ Not Eligible for Gifted Services DATE: ____ / ____ / ____ Members Present (Printed Name/Signature) _____ _____ _____ _____

Upon signatures from authorized district personnel, the eligibility determined above is the official ruling for the aforementioned student in the state of Mississippi. The original form should be placed in the gifted student file and a copy should be placed in the cumulative record.

Revised 8/2024