



**HIGH ABILITY PROGRAM
SUBMISSION OF SCORES FOR IDENTIFICATION**

Scores may be submitted to the high ability office at any time for identification consideration. All scores must be original score reports or on official school letterhead. Qualifying exams are listed below.

All scores must be submitted to the high ability office via mail or fax. Address: Forest Manor Professional Development Center, 4501 E 32nd Street, Indianapolis, IN 46218. Fax: 317-226-3777. The Score Submission Form must be included with submitted scores.

Qualifying assessments are:

- Cognitive Abilities Test (CogAT), 7th edition
- InView or Primary Test of Cognitive Skills (grades K & 1)
- Otis-Lennon School Ability Test (OLSAT), 8th edition
- Test of Mathematical Abilities for Gifted Students (TOMAGS)
- SAGES-2
- Orleans-Hanna Algebra Prognosis Test, only for high ability math
- Wechsler Intelligence Scale for Children (WISC), 5th edition
- Woodcock-Johnson III NU Test of Cognitive Abilities
- Kaufman Assessment Battery for Children (K-ABC-II), 2nd edition
- Stanford-Binet Intelligence Test, 5th edition
- Iowa Tests of Basic Skills Complete Battery
- Terra Nova Complete Battery, 2nd edition
- Stanford Achievement Test, 10th edition
- Metropolitan Achievement Test, 8th edition
- Northwest Evaluation Association Tests (NWEA)
- Wechsler Individual Achievement Test, 2nd edition
- Woodcock-Johnson III NU Tests of Achievement
- Kaufman Test of Educational Achievement (KTEA-2), 2nd edition

Review of scores will start in January 2018 for the 2018-2019 school year admission cycle. First review update will occur by January 31, 2018. Score submissions completed by the first day of each month, or the next business day following a weekend or holiday, will be reviewed in that month. Please do not contact staff to check on an applicant's status during the review month as this delays the process for all applicants.



HIGH ABILITY SERVICES SCORE SUBMISSION FORM

Directions: Please complete this submission form and return it to:
Indianapolis Public Schools, High Ability Office
4501 E 32nd Street, Indianapolis, IN 46218
Phone: (317) 226-4717 Fax: (317) 226-3777

Date: _____

Child's Name: _____

Last

First

Date of Birth: _____ Age: _____ Sex: ___ M ___ F

Parent/Guardian's Name(s): _____

Best Contact Phone No. (s): 1 _____ 2 _____

Address: _____

Street

City

State

Zip

Parent email: _____

Current school/address: _____

Current Grade: _____ Teacher's Name: _____ School phone: _____

Is the student currently enrolled in a program/school for High Ability students? Yes ___ No ___

If yes, which program or school: _____

PLEASE ATTACH DOCUMENTATION THAT SUPPORTS YOUR CHILD'S ABILITIES.

Parent/Guardian Signature: _____ Date: _____

----- OFFICE USE ONLY BELOW THIS LINE -----
STUDENT IDENTIFICATION DATA

Scores Submitted:

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Qualifies for:

___ HA-GI

___ HA-LA

___ HA-M

___ Does Not Qualify