



Odyssey Charter School

Dear Parents,

The evaluation of your student for Odyssey's S.T.E.P. (gifted program) is now complete. The results of the evaluation are summarized below:

STUDENT _____ DATE OF BIRTH _____
GRADE _____ YEAR: _____

A student must qualify with 96% (for grades 3-12) or above on CogAT Composite (99% for K-2), and 90% or above in one of the achievement test areas listed below for Georgia DOE Rule 160-4-2-.08 or in three of the four areas of assessment for Georgia DOE Rule 160-4-2-.38.

AREAS OF ASSESSMENT	DATE	RESULTS	REQUIRED
Mental Ability Test	_____	Verbal _____ %ile	At least one score at or above 96% is required (for Rule .38) Composite score is required for .08
_____	Date	Quantitative _____ %ile	
		Nonverbal _____ %ile	
		Composite _____ %ile	
Achievement Test	_____	Total Reading _____ %ile	At least one score at or above 90% is required
_____	Date	Total Math _____ %ile	
		Composite _____ %ile	
Creativity	_____	Creativity Index Percentile	Creativity Index at or above 90% is required
_____	Date	_____ %ile	
Motivation	_____	Motivation Score	Score at or above 90% is required
_____	Date	_____ %ile	
		_____ GPA (for transfer students only)	GPA of 3.5 or better is required for past 2 years

Based on these results, your child is **eligible** to participate in Odyssey's gifted program through Georgia DOE Rule: _____. You may accept or reject this placement. Please indicate your decision below and return this form to _____.

Indicate your decision by checking below, signing the form, and keeping one copy of the form for your records.

____ Yes, I agree with this placement
____ No, I do not agree with this placement

Parent/Guardian Signature Date