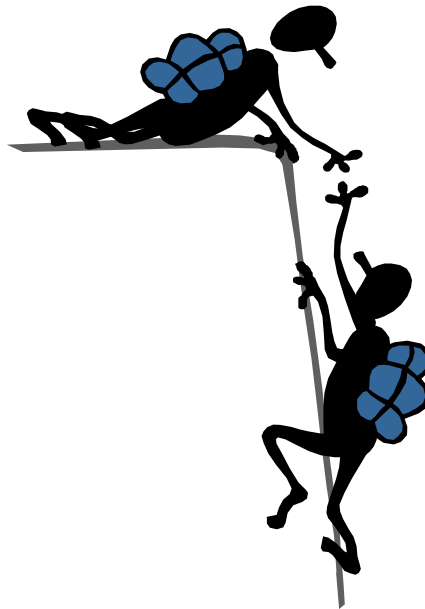




# HELP DOCUMENT FOR GIFTED REFERRAL & ELIGIBILITY PROCESS



*Alabama Gifted Education Programs:  
Help Document*

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## I. STARTING THE REFERRAL

The forms in SETS under the Referral through GEP process are listed in order of the referral process. The Gifted Forms which can be downloaded from the Alabama State Department of Education (ALSDE) Gifted Website (<http://www.alsde.edu/sec/ses/Pages/forms-all.aspx?tab=Gifted&navtext=Forms>) are also in order of the referral process. The ALSDE requires two of the forms to be entered into SETS. However, the LEA may require additional forms. The two ALSDE required forms are the *Referral Form for Gifted Services* and the *Gifted Eligibility Determination Form (Matrix)*. All forms must be maintained in the hard copy folder, including forms with original signatures and all data collected and used on the Matrix. Both sets of forms (electronic and paper) must contain the same information. Whatever is entered into SETS must be on the paper forms in the hard copy folder and what is on the paper forms must be the same information found in SETS. The LEA Plan for Gifted for your LEA outlines procedures for the referral to eligibility process. If you do not have a copy of this Plan for reference, please ask your gifted/special education coordinator for a copy. If you have questions about the referral to eligibility process, please contact the ALSDE Gifted-Education Specialists at 334-694-4782 or refer to the recorded webinar located on the ALSDE Gifted Website (<http://www.alsde.edu/sec/ses/gifted/Pages/trainingvideos-all.aspx?navtext=Video%20Gallery>).

Before you can enter a referral process into SETS, a student folder must be created. Depending on the rights granted to you, the gifted specialist, you may need to request that a folder be created for a student from the central office. Consult with your coordinator to determine the procedure. The gifted specialist would be listed as the Case Manager. The status of the student is referred. Gifted specialists must only work on the Gifted TAB of the student folder in SETS.



SETS

**NOTE: There are always exceptions.**

- **If the student folder already exists in SETS and the student is not identified under IDEA, make sure the gifted specialist is the case manager. Then enter a new process, REFERRAL TO GEP, into the process manager. Change the status to Referred.**
- **If the student has a status of Referred or Active under IDEA, the Case Manager and status remain the same. The gifted specialist is granted access to the folder to enter the REFERRAL TO GEP process and complete the gifted referral. Never change any data of a child identified under IDEA. Consult with your coordinator if you have questions.**

### Definitions

- **Referral:**  
The request by a parent, teacher, student, or someone who knows the child to review data collected to determine if the child requires specialized services.
- **Screening:**  
The Gifted Referral Team decides if there is enough compelling information to continue the referral. If there is not enough compelling evidence as determined by the screening matrix, students are screened out without the benefit of an individually administered IQ test. In other words, for systems that screen, those referrals with compelling evidence will be passed to a psychometrist for further testing. Those without compelling evidence will not continue (Do Not Pass Screening).
- **Second Grade Child Find:**  
The process where all second grade students are observed for potential gifted behaviors. Based on the observations, a student may be referred for a gifted referral.

# REFERRAL FORM FOR GIFTED SERVICES

School: 1 \_\_\_\_\_ Teacher: 2 \_\_\_\_\_ Grade: 3 \_\_\_\_\_

**Complete the boxes below for each student referred (includes 2nd grade referrals and standard referrals.)**

**Inform parents of the referral by sending the Consent and Rights in Gifted Education forms.**

Date sent to parent: 4 \_\_\_\_\_

Consent received by LEA: 5 \_\_\_\_\_

THIS DATE BEGINS THE 90-DAY TIMELINE FOR STANDARD REFERRALS

CHECK HERE IF CONSENT DENIED: 6 \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Source of Referral \_\_\_\_\_

State Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

7

### Aptitude Test Selection

The purpose of this list is to assist the team in determining the appropriate assessments for this student. Students from different cultural or language backgrounds, the economically disadvantaged, and students with sensory impairments or other disabilities are often underrepresented in programs for the gifted. Research suggests that this may be due to problems associated with standardized testing. To ensure that the abilities of students from underrepresented groups are accurately assessed, they should be evaluated with instruments that cover a broad range of aptitudes such as verbal, nonverbal, and creativity.

Check all factors that apply to this student.

- Limited developmental experiences or family unable to afford enrichment materials and/or experiences.
- Transiency in elementary school (at least 3 moves) or irregular attendance (23% of the time during a grading period).
- Geographic isolation.
- Residence in a depressed economic area and/or low family income at a subsistence level.
- Home responsibilities/necessary pupil employment interfering with learning activities.
- Limited opportunity to acquire depth in English (English not spoken in home, transiency due to migrant employment of family, dialectical differences acting as a barrier to learning).
- Disabling condition which adversely affects testing performance (e.g., clinically significant focusing difficulties, physical or sensory disability, any disability that interferes with educational performance).
- Member of a group that is underrepresented in the gifted program (Note: in Alabama, African American and Hispanic students are underrepresented in the gifted program).
- Other: \_\_\_\_\_

8

*Check One:*

- None of the above factors apply       One or more of the factors above were checked therefore this student should have both verbal and nonverbal abilities assessed before determining him/her ineligible.

9

**Gather information for the matrix such as:** Aptitude test scores (group or individual), achievement tests scores (Stanford, STAR tests, etc.), behavior rating scale, products/portfolios or work samples showing outstanding or above grade-level work.

10

**SYSTEMS THAT DO NOT SCREEN STUDENTS BEFORE DOING FURTHER TESTING SHOULD SIGN BELOW AND THEN PROCEED TO THE ELIGIBILITY MATRIX.**

11

**SYSTEMS THAT SCREEN STUDENTS SHOULD PROCEED TO THE MATRIX AND PLOT THE DATA THEN CONTINUE BELOW**

Plot the data on the matrix. Then record the team decision below:

- The matrix score was less than \_\_\_\_\_ points therefore the student does not pass screening. **(Send the Notification of Gifted Referral Screening Team Decision)**
- The matrix score fell between \_\_\_\_\_ points and 16 points (inclusive). The following additional information is needed to reconsider eligibility:
  - Work samples in the students strength area showing outstanding or above grade level work.
  - Additional input on the behavior rating scale, or a new behavior rating scale.
  - An individually administered aptitude test: \_\_\_\_\_ verbal \_\_\_\_\_ nonverbal \_\_\_\_\_ creativity
  - Other \_\_\_\_\_
- The matrix score was 17 points or greater, therefore the eligibility matrix should be applied.

12

**Signatures of team members:**

(Three signatures required)

NAME

**Date above decision was made:** \_\_\_\_\_

POSITION

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

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

13

14

## II. REFERRAL FORM FOR GIFTED SERVICES DIRECTIONS

- A. The *Referral Form for Gifted Services* was designed to reflect the actual referral process and must not be changed or modified. The items included on this form are in the order that they should occur during the referral process. This form must be entered into SETS. Information on this form must be the same as the hard copy form. The only difference between the electronic and the paper forms is the paper form will have original signatures of the Gifted Referral Screening Team (GRST).
- B. The data for **Boxes 1 and 3** on the electronic form will automatically populate from SETS.
- C. **Box 2** must be entered manually. Enter the name of the classroom teacher, or home room teacher, of the student.
- D. The next section of the form reminds you to send home *Notification and Consent for Gifted Screening* and a copy of the *Rights in Gifted Education* form. In this section, Box 4, you record the date that you send these two forms to the parent. You should not proceed with this referral until the *Notification and Consent for Gifted Screening* form is returned to you.

**NOTE:** Screening, as defined here, is not to be confused with the **Second Grade Child Find** procedures where all second grade students are observed for potential gifted behaviors.

- E. The right side of this section contains a line (**Box 5**) for you to enter the date that the parents return the *Notification and Consent for Gifted Screening* form. This is the date that you, the gifted specialist, receive the form in your hand. Enter the date on the line at **Box 5**. This date also begins the 90-day timeline for standard referrals. (Remember, the timeline for Second Grade Child Find referrals is the beginning of the students' third grade year). If parents return this form indicating that they wish for their child to be referred, you may now skip item **F** and progress to item **G**. If parents return this form indicating that they do NOT wish for their child to be referred, progress to item **F**.



SETS

**NOTE: The Referral Form for Gifted Services cannot be completed and closed without the date the parents returned the Notification and Consent for Gifted Screening form entered on the appropriate line.**

- F. Check the box (**Box 6**) that states “Check here if Consent Denied.” Then proceed to item **M** (page 5) to complete the form and the process.
- G. The next section at **Box 7** on the form is for demographic information about the student. Most of this information should already be present in your school system database and will, therefore, self-generate. Click on the drop down + sign for Source of Referral to select who referred the child from the pop-up window.
- H. The section at **Box 8** is entitled **Aptitude Test Selection**. The committee should complete this part of the form. You may need to ask other school personnel for information in order to complete this section. Remember to check “Member of a group that is underrepresented in the gifted program” if the student is African American or Hispanic. This section is important to remind the committee and psychometrist of factors when determining the most appropriate individually administered test by the psychometrist.

**NOTE: The options at the end of this section will self-populate depending on the whether any of the items have been selected.**

- I. The section at **Box 10** reminds you of the various types of data and information that you need to collect for screening/eligibility (i.e., aptitude scores, behavior rating scale, performance indicators). Remember, although grades can be a performance indicator, they **must not** be used for the primary grades (K-3). The behavior rating scale **must not** be used more than once, if at all, in the Performance Indicator Section of the Matrix. Achievement scores can be used but are **not** required. Products and/or work samples are the preferred choices. You may use more than one product or work sample as long as each represents different domains or areas of strength.
- J. **Systems that DO NOT Screen:** The section at **Box 11** states, “Systems that DO NOT screen students before doing further testing should date and sign this form and then proceed to the *eligibility Matrix*.” If your LEA does not screen, continue to letter **M**
- K. **Systems that Screen:** The section at **Box 11** directs you to “proceed to the Matrix and plot the data” you have gathered before proceeding to the next section. If your LEA does screen referrals, do not sign the *Referral Form for Gifted Services* at this time. You should proceed to the *Gifted Eligibility/Screening Determination Form* (section VI on page 11)

to determine if the student passes screening (see below). Then return to the *Referral Form for Gifted Services* to check the appropriate selection (see letter L) and complete the form.

**NOTE:** Each LEA determines how many points are required for a student to pass screening and submits it as part of the *LEA Plan for Gifted*. The Alabama State Department of Education (ALSDE) must approve the LEA Plan or changes to the Plan before the practices are implemented.

**L.** At **Box 12**, systems that screen must record the Gifted Referral Screening Team’s decision regarding the referral. Enter the screening score, located in your state approved *LEA Plan for Gifted* on the blank if the GRST chooses the first or second items in this section.

1. If the student does not earn the required points in order to pass screening, you will check and complete the statement:  
“       **The matrix score was less than (Screening score) points therefore the student does not pass screening.**”
2. If the student does earn enough points to pass screening, check and complete the statement:  
“       **The matrix score fell between (Screening score) points and 16 points (inclusive). The following additional information is needed to reconsider eligibility.**” You will then indicate whether additional work samples will be collected, additional input on the behavior rating scale will be solicited, or if an individually administered (by psychometrist) aptitude or creativity test will be given by checking the appropriate statement.

**NOTE:** The **Torrance Test of Creative Thinking** does not have to be administered or scored by a psychometrist. Anyone who has received training can administer and score this creativity test.

3. If the student has earned 17 points, the following statement will be checked:  
“       **The matrix score was 17 points or greater, therefore the eligibility matrix should be applied.**”



**If professional judgment is used to pass a student through screening, be sure to complete the following items only:**

- Check “       An individually administered aptitude test:        verbal        nonverbal        creativity
- Check “       other” and enter “Professional Judgment” and any other additional information on the line.

**M.** At **Box 13** on the form, enter the date the GRST met on the “Date above decision was made \_\_\_\_\_.” Please type the names and positions of the Gifted Referral Screening Team (GRST), on the blanks under the Name and Position columns. Then complete and close the form. If you have not already done so, print this form and obtain signatures from the GRST. You must complete the form before obtaining signatures. The watermark “DRAFT” must not be on signed forms. Place this signed form in the student’s referral/testing hard copy folder.



- **This form cannot be modified, or changed, and MUST be completed in SETS.**
- **This form cannot be completed and closed without the “Date above decision was made” and the “Consent received by LEA” entered on the blanks.**
- **The date entered on the “Date above Decision was made” cannot be before the date “Consent received by LEA.”**
- **Print the form for signatures and place in the student’s referral/testing hard copy folder.**



**NOTE:** To complete the *Referral Form for Gifted Services* when a parent denies consent, enter the date the parent returned the *Notification and Consent for Gifted Screening* form, enter the date on the “Date above Decision was Made,” and add the names and positions of the GRST. Then print the form and have the GRST sign the form. When a parent does not respond to the Notification form, document your attempts. Use the date of the last attempt, as the date the Notification form was received and continue to follow the above directions. Enter your attempts into the Annotations form which is first on the list in SETS.

## NOTIFICATION AND CONSENT FOR GIFTED SCREENING

**1**

Your child, \_\_\_\_\_ has been referred for screening to determine if he/she needs to be evaluated for the gifted program. A screening team will review existing information/test results and may also require additional assessments in the following areas: aptitude, achievement, gifted behavior, creativity, vision, and hearing. Based on the information reviewed, the team will determine if your child meets the criteria to pass screening. If you would like for your child to be screened for the gifted program, please complete the information below and return to: \_\_\_\_\_.

**2**

Please keep the attached copy of *Rights in Gifted Education* for your records. If you have other information that can assist in this evaluation or have questions regarding this evaluation or your rights, you may contact \_\_\_\_\_.

Student's Legal Name/First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Student's Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**3**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Race \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_ Does your child wear glasses? YES \_\_\_\_ NO \_\_\_\_

Has your child ever been referred or tested for gifted services? NO \_\_\_\_ YES \_\_\_\_

If yes, when and where? \_\_\_\_\_

Has your child ever been referred or tested for special education services? NO \_\_\_\_ YES \_\_\_\_

What type? \_\_\_\_\_

**Please check the items that characterize your child.**

**4**

- |  |  |
|--|--|
| <p>____ 1. Walked or talked earlier than most age mates'</p> <p>____ 2. Has a well-developed sense of humor</p> <p>____ 3. Displays a great deal of curiosity, asks many questions</p> <p>____ 4. Enjoys the friendship of older children or adults</p> <p>____ 5. Shows a great deal of interest in moral/ethical choices</p> <p>____ 6. Has a need to understand</p> <p>____ 7. Demands a high standard of personal achievement</p> <p>____ 8. Has an unusually large vocabulary</p> | <p>____ 9. Has a wide range of interests</p> <p>____ 10. Seeks logical, common sense answers</p> <p>____ 11. Showed an early interest in reading or cause/effect</p> <p>____ 12. Showed an interest in how things work, mechanical</p> <p>____ 13. Is an alert observer, sees more in a story or film</p> <p>____ 14. Likes to organize &amp; bring structure to things, people</p> <p>____ 15. Generates many ideas, solutions</p> <p>____ 16. Has an unusual memory for past experiences</p> |
|--|--|

**5**

On the back of this page please list any activities your child is involved in such as music/art/dance lessons, hobbies, etc. or any other information you think should be considered.

**My signature indicates that:**

**6**

\_\_\_\_\_ *I give permission for my child to be screened for the gifted program.* I understand that if my child does not pass screening, I will be informed in writing. If my child does pass screening but cannot be determined eligible with existing information, I give permission for further assessments. I have received a copy of *Rights in Gifted Education* and I have reviewed and understand these rights.

\_\_\_\_\_ *I do not give permission for my child to be screened for the gifted program.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### III. NOTIFICATION AND CONSENT FOR GIFTED SCREENING FORM DIRECTIONS

- A. Systems that screen and systems that do not screen will use the *Notification and Consent for Gifted Screening* form.
- B. When parents sign this form they are giving permission for any assessments that **may** be needed, including IQ/aptitude tests.
- C. At **Box 1** on the form, you will need to write the name of the child on the blank and indicate to whom they should return the form. At **Box 2**, enter the name and contact phone number of the person they would contact should they have any questions concerning the referral process or their rights. You will then print this form and send it to parents along with a copy of the *Rights in Gifted Education*. **Be sure to send home a copy of the *Rights in Gifted Education* with this form.** When the parents sign the *Notification and Consent for Gifted Screening* form they are also indicating that they have received a copy of their *Rights in Gifted Education*. Do **not** place a signed copy of the *Rights in Gifted Education* in the referral/testing hard copy folder.
- D. The next four sections, **Box 3**, **Box 4**, **Box 5**, and **Box 6**, are for parents to complete. **Box 3** asks for demographic information and other data that may be helpful to you in completing the referral process. **Box 4** is a checklist for parents to provide input concerning their child's characteristics. **Box 5** provides parents the opportunity to list on the back of the *Notification and Consent for Gifted Screening* form any activities in which their child is involved, such as music/art/dance lessons, hobbies, etc., or any other information they think should be considered. Review this information for interests and strengths of the student when you collect work samples and products. **Box 6** requires parents to check whether or not they give permission for the child to be screened for the gifted program.



**NOTE: Information does NOT automatically populate the *Notification and Consent for Gifted Screening* form. Parents will need to complete the middle section with demographic information and other data. If contact information changes, please share the new information with your school office to keep all records updated.**

- E. **Remember:** Do not proceed to collect other information on the student until you have this signed *Notification and Consent for Gifted Screening* form back from the parents.

**NOTE: The *Notification and Consent for Gifted Screening* may be modified; therefore, any additional information you would like to collect from parents may be added. One modification recommendation is to copy this form on school or district letterhead.**



## RIGHTS IN GIFTED EDUCATION

(Please keep this form for your records. Do not return.)

1

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

The following is an explanation of rights available to students who are in the referral process or who are identified as gifted. If you would like a further explanation of any of these rights you may contact the gifted specialist, your school principal, the special education coordinator or gifted supervisor, in your school system.

**CONSENT:** 1) Right to give consent before a referral or individual assessment is conducted and before initial placement is made in a gifted program; 2) Right to refuse consent for referral or individual assessment or the initial provision of gifted education services; 3) Right to revoke consent at any time.

**EVALUATION PROCEDURES:** 1) Right to a referral and subsequent assessment of the child's educational needs for the purpose of determining placement and services; 2) Right to have more than one criterion used in determining an appropriate educational program for the child.

**GIFTED EDUCATION PLAN (GEP):** 1) Right to attend the meeting to develop, review, or revise the GEP; 2) Right to be notified of the GEP meeting early enough to ensure an opportunity to attend; 3) Right to have the GEP meeting scheduled at a mutually agreed upon time and place; 4) Right to a copy of the GEP upon request; 5) Right to bring other people to the GEP meeting; 6) Right to ask for a revision of the GEP.

**DISPUTE RESOLUTION PROCESS:** When attempts to resolve a problem at the local level have failed, dispute resolution processes are available from Special Education Services. Information regarding these processes can be obtained by contacting the school system's gifted coordinator. You can also contact the gifted education specialists at the Alabama State Department of Education by calling (334) 694-4782.

### IV. RIGHTS IN GIFTED EDUCATION

The information on the top line, Student Name, School, and Teacher, will automatically populate. However, this form will appear to be blank in SETS. Once you complete and print the form, you will see the explanation of rights below the school name and teacher. You may also print copies of this form from the paper copy and write the name of the student, school, and teacher on the blanks. Some systems are including the grievance procedure from the *LEA Plan for Gifted* and coordinator contact information on this form.

**NOTE: You may add to the Rights in Gifted Education, but you must not eliminate any information.**

# NOTIFICATION OF GIFTED REFERRAL SCREENING TEAM DECISION

The Gifted Referral Screening Team spent many hours collecting and carefully reviewing information and assessment results for your child. Data was considered from a variety of sources in the areas of aptitude, characteristics, and performance indicators. According to the state *Matrix for Screening Determination* your child does not meet the requirements at this time to warrant further assessment for gifted services.

The fact that your child was referred for screening indicates that he/she is recognized as having potential. Your child may be referred again at a later date if /when there is additional/new information that indicates the need for considering gifted services. We are confident that the general education classroom will provide numerous opportunities for developing the potential that has been recognized in your child.

If you have any questions or want to discuss the results of the screening, please contact

\_\_\_\_\_ at \_\_\_\_\_.

## ***V. NOTIFICATION OF GIFTED REFERRAL SCREENING TEAM DECISION***

This form should be printed and sent home to parents if a student **DOES NOT** pass screening. If your system does not screen, you will not use this form. Enter the name and contact information of the person a parent may call to ask questions about the referral process or to discuss the results. This form may be modified. One modification recommendation is to copy this form on school or district letterhead.

# GIFTED ELIGIBILITY/SCREENING DETERMINATION FORM

Name: 1 State Student ID Number: 2 DOB: 3 GRADE: 4 Race: 5

Section I: Automatic Eligibility				Aptitude Tests Administered											
A student is automatically eligible if the total/composite score on an aptitude test (required to be administered by a psychometrist) is 130+, or the national percentile score of the <i>Torrance Test of Creative Thinking</i> is at or above the 97 <sup>th</sup> national percentile.				TESTS USED	E	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
Test Administered: _____ Score: <span style="border: 1px solid black; padding: 2px;">9</span>				<span style="border: 1px solid black; padding: 2px;">7</span>	<span style="border: 1px solid black; padding: 2px;">28</span>			<span style="border: 1px solid black; padding: 2px;">8</span>							
Section II : Matrix Eligibility				Points Chart											
					5	4	3	2	1	0					
APTITUDE	TEST/SUBSCALE/ ITEM		SCORE	POINTS EARNED	APTITUDE										
	<span style="border: 1px solid black; padding: 2px;">10</span>		<span style="border: 1px solid black; padding: 2px;">11</span>	<span style="border: 1px solid black; padding: 2px;">12</span>	Individual Test or OLSAT/NNAT										
CHARACTERISTICS Any subscale score may be used				Instrument	Subscale	SCORE	POINTS EARNED	K-BIT, Slosson							
				<span style="border: 1px solid black; padding: 2px;">13</span>	<span style="border: 1px solid black; padding: 2px;">14</span>	<span style="border: 1px solid black; padding: 2px;">15</span>	<span style="border: 1px solid black; padding: 2px;">16</span>	Torrance Test							
PERFORMANCE *Point Conversion Chart:  <u>Points Earned =</u> <u>Rounded Points</u> 15 = 14 = 13 = 12 = 11 = 10 = 09 = 08 = 07 =				INDICATORS		POINTS	ROUNDED POINTS:*	CHARACTERISTICS							
				<span style="border: 1px solid black; padding: 2px;">17</span>		<span style="border: 1px solid black; padding: 2px;">20</span>	<span style="border: 1px solid black; padding: 2px;">22</span>	Hawthorne (GES)							
				<span style="border: 1px solid black; padding: 2px;">18</span>		POINTS EARNED:	TOTAL POINTS EARNED	GATES							
<span style="border: 1px solid black; padding: 2px;">19</span>		<span style="border: 1px solid black; padding: 2px;">21</span>	<span style="border: 1px solid black; padding: 2px;">23</span>	Renzulli TABs											
If behavior rating scale scores are used, choose any score except Intellectual and Achievement				ACHIEVEMENT											
				Total Reading, Math, Science, Language, Social Studies, or Total Battery.											
				99-97      96-94      93-91      90-88      87-85      <85 %ile <i>National</i> %ile <i>Scores</i>											

Referral Source:

**24** \_\_\_\_\_

Referral Date:

**25** \_\_\_\_\_

**SCREENING DECISION**  
(For systems that screen only)

**26** \_\_\_\_\_

**YES** \_\_\_\_\_ **NO**

**ELIGIBILITY DECISION**

**27** \_\_\_\_\_

**YES** \_\_\_\_\_ **NO**

(Student is eligible with a total of 17 points OR by meeting Automatic Eligibility criteria. A student may not be determined *ineligible* with an aptitude assessment that is considered a screener)

Date of Eligibility Meeting:

**29** \_\_\_\_\_

(Do not use this box for Screening. Return to Referral form to sign and date.)

**Signatures of Team Members**

(Three signatures required)

**Position**

**30**

_____	_____
_____	_____
_____	_____

## VI. GIFTED ELIGIBILITY/SCREENING DETERMINATION FORM DIRECTIONS



It is **VERY** important that **ALL PARTS** of the *Gifted Eligibility/Screening Determination Form* are completed, as this form **populates** the **GIFTED REFERRAL TRACKING LOG**. Information omitted from this form will result in its omission from the Gifted Referral Tracking Log Report.

- A. The *Gifted Eligibility/Screening Determination Form* (Matrix) is to be used for screening and eligibility. The first line along the top of the form includes the student's name (**Box 1**), state student ID number (**Box 2**), date of birth (**Box 3**), grade (**Box 4**), and race (**Box 5**). These fields populate the form automatically.

**Note:** Although the date and results of vision and hearing screenings are not on the form, there should be evidence in the student's hard copy folder if this screening was completed. The purpose of **vision and hearing screening** is to ensure that test results are not affected by poor vision or hearing, and **is required if an individually administered IQ/aptitude test is given**. If a student is eligible with the score from the screening test, vision and hearing screenings are not required, but "best practice" is to administer them.

- B. Begin with **Aptitude Tests Administered** section (**Box 6**) located at the top right of the form. You may list up to three tests (**Box 7**) and corresponding scores (**Box 8**). You do **NOT** have to administer three assessments. If you have administered more than three assessments, be sure to record tests that demonstrate verbal and nonverbal abilities. Also, report tests that yielded the highest scores. There are ten boxes to record scores because the SB-5 test yields up to ten usable factor scores.



Students who are administered more than one test should have all scores, except Memory Speed or Processing Speed, recorded under the Tests Used column (see below). The number of tests recorded determines the number of times the student is listed on the tracking log. The *Gifted Screening/Eligibility Determination Form* will not complete and close without at least one test and score(s) entered into the Aptitude Tests Administered Section.

Aptitude Tests Administered											
TESTS USED	E	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
NNAT2											118
SB-5		134	113	124			124	115	112	109	126
OLSAT		120	112								118

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- C. Then proceed to Section I (see letter **D**) or Section II (see Letter **E**) of the form depending on the testing information you have available.

**NOTE:** If the student has an aptitude score from a screener that is sufficiently high to earn enough points for eligibility on the matrix, then no individual test is needed.

- D. **Section I is for Automatic Eligibility (Box 9)**. Only a Full Scale or Composite score that is two standard deviations above the mean may be used for automatic eligibility, (generally 130 or higher). This assessment **must** be an individual test of intelligence (IQ) administered by a psychometrist to be considered appropriate for making placement decisions (as opposed to screening instruments like the NNAT2, CogAT, and K-BIT2). Also, the standard error of measurement score cannot be considered for automatic eligibility, only the obtained score. A student may also meet Automatic Eligibility criteria with a Verbal Average Standard Score or a Figural Creativity Index at or above the 97<sup>th</sup> national percentile on the *Torrance Test of Creative Thinking*. Enter the name of the test and the total score by clicking on the drop down + sign.

**NOTE:** Gifted specialists must be trained to administer and to score the *Torrance Test of Creative Thinking*.

- E. **Section II is the box for Matrix Eligibility.** This is used for students who do not need an individually administered (by psychometrist) I.Q. test or for individually administered test scores that did not meet the Automatic Eligibility criteria. The matrix requires information in all three areas. The highest applicable score should be applied in each area.
- F. For the **Aptitude Section on the Matrix** you may use group tests, screeners, the *Torrance Test of Creative Thinking*, or individually administered I.Q. tests. Enter the name of the test at **Box 10** by clicking on the drop down + sign. Enter the highest score, if more than one test was given, at **Box 11**. Use the Points Chart to the right of the Matrix to determine Points Earned. Enter the points earned at **Box 12**.

**REMEMBER: Only total scores on group tests or screeners (OLSAT, CogAT, K-BIT2, NNAT2, Slosson-SIT-R3, etc.) can be used on the Matrix for eligibility. A full-scale or composite score or next-level sub-composite or factor score (Verbal Comprehension, Perceptual Reasoning, etc.) can be used for individually administered IQ tests, such as the RIAS, SB-5, WISC-V, etc. The highest appropriate score should be used on the Matrix.**

**NOTE: Memory factor scores must not be used from any test, nor can Processing Speed from the WISC-IV. The acceptable factor scores for IQ tests are listed in the chart on page 13.**

- G. In the **Characteristics Section of the Matrix**, enter the name of the observation scale instrument at **Box 13** by clicking on the drop down + sign. Depending on the observation scale that is used, you may use any subscale score from the behavior rating scale that was administered. **NOTE: ONLY the TOTAL score must be used for the TABs.** For observation scales other than the TABs, enter the Subscale name or Total at **Box 14**. Enter the score on the line at **Box 15**. Whatever subscale score you use in this section, it **may not** be used again in the Performance Section. Use the Points Chart to the right of the Matrix to determine points earned. Enter the points earned at **Box 16**. Use the following codes in the Characteristics Section under Instrument if you can't select or type in the entire word:  
 (F) Gates            (H) GES            (O) Other            (R) Renzulli        (T) TABs

Use the following codes in the **Characteristics Section under Subscale:**

- |               |                              |                |                               |
|---------------|------------------------------|----------------|-------------------------------|
| (A) Artistic  | (AA) Academic Aptitude       | (C) Creativity | (CS) Communication Skills     |
| (H) Humor     | (I) Intellectual             | (L) Leadership | (M) Motivation                |
| (N) Interests | (PS) Problem-solving Ability | (O) Other      | (Q) Inquiry                   |
| (R) Reasoning | (S) Super-sensitivity        | (TL) Total     | (VP) Visual & Performing Arts |

**NOTE: This list represents subscales from all of the behavior rating scales. You may only use the subscales that appear on the gifted behavior scale used in your school system.**

- H. In the **Performance Section of the Matrix** you must choose three indicators with a score of at least one point. Zero point items **are not allowed to be used** in the Performance Area. Click on the drop down + sign. to enter each name of the performance indicator at **Box 17, Box 18, and Box 19**. Enter points earned for each performance indicator at **Box 20**. **DO NOT USE SUBSCALE SCORES FROM THE TABs.**

**Products:** Up to three Products or Work Samples may be used as long as they demonstrate different abilities. For example, two creative writing samples would not be appropriate, but one creative writing sample and one creativity transformation would be acceptable. Appropriate rubrics must be used to score products and work samples. These rubrics must be attached to the products or work samples used for eligibility and placed in the hard copy folder.

**REMEMBER: Work samples must reflect above-grade level work.**

**Grades:** You may use grades as an indicator, in Grades 4-12. Do **not** use grades for students in Grades K-3. Only grades from one full semester from the major subjects should be averaged (A=5 pts., B=4 pts., etc.) together to compute points earned.

**REMEMBER: Although grades can be a performance indicator, do not use them for the primary grades (K-3).**

**Achievement Test Scores:** Only one Achievement Test Score can be used from any standardized achievement test, group or individually administered, (i.e., ASPIRE, STAR Reading, STAR Math, Performance Series, or KTEA2). Acceptable scores are from any major academic area tested (i.e. reading, math, science, social studies, language arts). Use the Points Chart to determine points earned.

**REMEMBER: Achievement test scores are NOT required.**

**Behavior Rating Scales:** Any subscale from a behavior rating scale can be used except for Intellectual and Specific Academic Aptitude. However, if a subscale has already been used in the Characteristics Section, it must **NOT** be used again in the Performance Section. No more than one behavior rating scale score may be used in this section, if you use one at all. Using the subscale from a behavior rating scale should be used as the last resort. DO NOT USE SUBSCALE SCORES FROM THE TABs. It is better to have products or work samples. Use the Points Chart to determine points earned.

Use the following codes in the **Performance Section of the Matrix:**

(A) Achievement	(AC) Artistic	(C) Creativity	(CS) Communication Skills	(G) Grades
(H) Humor	(L) Leadership	(M) Motivation	(N) Interests	(O) Other
(P) Product	(Q) Inquiry	(R) Reasoning	(S) Super-sensitivity	
(VP) Visual & Performing Arts	(W) Work Sample			

- I. The **Aptitude Codes** section details where to enter the scores in the **Aptitude Tests Administered** Section on the top right hand side of the form. A **Tests Used Chart of Aptitude Test Score Placement** is provided on page 25 that details the most commonly used tests and how scores are placed into the S1-S10 boxes.

## APTITUDE CODES

### SCREENERS

**NOTE:** For **screening** purposes only, the Verbal, Nonverbal, or Total from the CogAT, and the Vocabulary, Matrices or Total from the K-BIT2 can be used. For **eligibility** purposes, **only** the Total (S10) score must be used. These screeners are usually administered by classroom teacher or gifted specialist.

(OS)	OLSAT	Verbal (S1)	Nonverbal (S2)	Total (S10)
(CogAT)	CogAT	Verbal (S1)	Nonverbal (S2)      Quantitative (S8)	Total (S10)
(B)	K-BIT2	Vocabulary (S1)	Matrices (S2)	Total (S10)
	<b>NNAT2)</b>	<b>NNAT2</b>		<b>NAI (S10)</b>
	(NNAT3)	NNAT3		NAI (S10)
(S)	Slosson (SIT-R3)			SAI (S10)

### PLACEMENT TESTS

**NOTE:** Memory factor scores must **NOT** be used from any test or Processing Speed from the WISC-IV or WISC-V to determine eligibility. The acceptable factor scores for IQ tests are listed in the chart below. These tests are usually administered by a psychologist. The **ONLY** exception is the Torrance Test of Creative Thinking, which may be administered and scored by someone who has received training.

(WIV)	WISC IV	Verbal Comprehension (S1)	Perceptual Reasoning (S2)	Full Scale (S10)
WISC V		Verbal Comprehension (S1) Quantitative (S8)	Nonverbal (S2) Visual Spatial (S9)	Fluid Reasoning (S7) Full Scale or GAI (S10)
WNV	Wechsler Nonverbal			Total Score (S10)
(SB5)	SB-5	Verbal IQ (S1) Experimental Composite (S4) Knowledge (S6) Visual Spatial Processing (S9)	Nonverbal IQ (S2) Experimental Composite Nonverbal (S5) Fluid Reasoning (S7)	ABIQ (S3) Quantitative (S8) Full Scale IQ (S10)
(RIAS)	RIAS	Verbal -VIX (S1)	Nonverbal -NIX (S2)	Composite-CIX (S10)
(WAIS)	WAIS	Verbal-VIX (S1)	Performance-PIX (S2)	Full-Scale (S10)
(N-I)	NNAT-I			Total Score- NAI (S10)
(U)	UNIT	Symbolic (S1)    Nonsymbolic (S2)	Reasoning (S3)	Composite (S10)
(A2)	KABC-2	Knowledge/Crystallized Ability (S1) Planning/Fluid Reasoning (S3)	Simultaneous/Visual Processing (S2) Nonverbal Index (S4)    MPI (S5)	FCI (S10)
(CT)	CTONI-2	Pictorial (S1)	Geometric (S2)	Nonverbal IQ (S10)
(K)	KAIT	Crystalized (S1)	Fluid (S2)	Composite (S10)
(TF)	Torrance Figural			National Creativity Index Percentile (S10)
(TV)	Torrance Verbal			Verbal Average Standard Score (S10)
(O)	Other	<b>Your STI administrator can add any other test(s) that you may be using. Please check with the ALSDE before adding any tests to make sure it is an approved assessment.</b>		



Points earned (**Box 21**) for the Performance Indicators section of the matrix are calculated by SETS. The Rounded Points (**Box 22**), calculated from the Points earned, are also calculated by SETS. To ensure accuracy, refer to the Performance Conversion Chart to the right of the matrix.



**SETS will calculate the Performance Area Points and the Total Points Earned.**

SETS

- J. Below the Eligibility Decision (Box 27) you are reminded that a student can be eligible with a total of 17 or more points or by meeting the Automatic Eligibility criteria.
- K. In the next box you will record the **Referral Source (Box 24)** and the **Referral Date (Box 25)**. This data is also entered on the *Referral Form for Gifted Services* as the date Consent Received by LEA. Both forms must contain the same Referral Source and Referral Date.

**NOTE: The Referral Date is the date the LEA received the signed consent from the parent for the gifted referral. This date starts the 90 day timeline.**



**Referral Source and Referral Date MUST be recorded on the *Eligibility/Screening Determination Form* to be included on the TRACKING LOG. This form will not complete and close without the Referral Source and Referral Date entered. This data is also entered on the *Referral Form for Gifted Services*. Both forms must contain the same data.**

SETS

- L. The next line at **Box 26**, “**SCREENING DECISION**,” is only for systems that screen. Select “**Yes**” if the student passed screening or “**No**” if the student did not pass screening.



**This information MUST be checked for it to be included on the GIFTED REFERRAL TRACKING**

SETS

**DO NOT COMPLETE** this box if your system **DOES NOT SCREEN**.  
**DO NOT COMPLETE** the Eligibility Box if a student **DOES NOT PASS** screening.

- M. On the next line at **Box 27** you will indicate that the student is Eligible or Not Eligible. Select **Yes** if the student is eligible. Select **No** if the student is not eligible.

**NOTE:** “A student may not be determined ineligible without having an individually administered aptitude test.” This is to remind you that you **can** determine a student **eligible** with a group test or screener, but you **cannot** determine a student **ineligible** with a group test or screener.



**If the student did not pass screening, the eligibility boxes SHOULD NOT be checked.**

SETS

- N. Once eligibility has been determined, return to the **Aptitude Tests Administered** section of the form. The “**E**” box (**Box 28**) should be used to identify only the **one** aptitude test that was used to determine the student’s eligibility. This test would be listed under Section I Automatic Eligibility or Section II Matrix Eligibility. A “**Y**” is used to show the one aptitude test that was used to determine the child is eligible for gifted services or an “**N**” is used to show the one aptitude test that was used to determine the child is Not Eligible for gifted services. **Only one aptitude test in the Aptitude Tests Administered section must have a “Y” OR an “N” in the “E” column.** See the example below the SETS reminders.

**NOTE: This will be the test with the highest total score or subtest score in the case of individually administered aptitude tests (i.e., Stanford-Binet V, WISC V, C-TONI2, etc.) or the total score in the case of screeners (i.e., KBIT2, NNAT2, CogAT, etc.) or the test used to determine automatic eligibility.**



**FOR SYSTEMS THAT SCREEN:** If the student did not pass screening, the “E” column must remain blank. The *Gifted Screening/Eligibility Determination Form* will not close if there is an item in the column.

SETS



To complete the “E” Column of the Aptitude Tests Administered, select a “Y” next to the one aptitude test used to determine the student is eligible for gifted services or select an “N” next to the one aptitude test used to determine the student is not eligible for gifted services. Only one letter should be in the column. There should only be one test with either a “Y” or an “N” to show which one test was used for eligibility determination. The form will not close if there is more than one letter in the “E” column.

SETS

<i>Aptitude Tests Administered</i>											
TESTS USED	E	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
NNAT											118
SB-5	Yes	134	113	124			124	115	112	109	126
OLSAT		120	112								118

- O. At Box 29 enter the date that this form was completed and the Eligibility Determination Team (EDT) met, print the form and obtain signatures from the EDT. Include the names and positions of the EDT on the form at Box 30. Be sure to enter the date **before** printing this form. You must complete the form before obtaining signatures. The watermark “DRAFT” must not be on signed forms.

**NOTE: The GEP must be developed and signed within 30 days of this eligibility date.**



The Date of Eligibility Meeting date is NOT used for screening. It is applicable to eligibility only.

SETS



The *Gifted Screening/Eligibility Determination Form* cannot be modified, or changed, and **MUST** be completed in SETS.

SETS

# NOTIFICATION OF ELIGIBILITY DETERMINATION TEAM DECISION

The Eligibility Determination Team spent many hours collecting and carefully reviewing information and assessment results for your child. Data was considered from a variety of sources in the areas of aptitude, characteristics, and performance indicators. According to the state ***Matrix for Screening/Eligibility Determination*** your child does not meet the requirements at this time to be determined eligible for gifted services.

The fact that your child was referred for screening indicates that he/she is recognized as having potential. Your child may be referred again at a later date if /when there is additional/new information that indicates the need for considering gifted services. We are confident that the general education classroom will provide numerous opportunities for developing the potential that has been recognized in your child.

The following determination regarding 1 \_\_\_\_\_ was made:

<b>2</b>	<b>[ ] Student <i>is not eligible</i> for gifted services at this time.</b>
If you want to arrange a conference to discuss the team’s decision call	
<b>3</b>	_____ at _____. <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><span>SCHOOL OR SCHOOL SYSTEM CONTACT</span><span>TELEPHONE NUMBER</span></div>

## ***VII. NOTIFICATION OF ELIGIBILITY DETERMINATION TEAM DECISION DIRECTIONS***

Once the *Gifted Eligibility/Screening Determination Form* is completed the parents must be notified of eligibility. **If the child is not eligible**, the *Notification of Eligibility Determination Team Decision* form should be completed, printed, and sent home. Enter the child’s name in the blank at Box 1. Check the area at Box 2 to show the student is not eligible. At Box 3 enter the name and phone number of the person parents would contact if they have questions or would like to discuss the team’s decision.

**NOTE: The *Notification of Eligibility Determination Team Decision* may be modified. One modification recommendation is to copy this form on school or district letterhead.**

# NOTIFICATION OF ELIGIBILITY AND PLACEMENT

**1** The Eligibility Determination Team considered information from a variety of sources in the areas of aptitude, characteristics, and performance indicators. The following determination regarding

\_\_\_\_\_ was made:  
STUDENT'S NAME

**2**  Student *is eligible* for gifted services.

Please check one of the boxes below, sign, and return this form to

**3** \_\_\_\_\_ by \_\_\_\_\_.

**4**  I approve placement in the gifted program.  
 I do not approve placement in the gifted.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

## VIII. NOTIFICATION OF ELIGIBILITY AND PLACEMENT DIRECTIONS

Once the *Gifted Eligibility/Screening Determination Form* is completed the parents must be notified of eligibility. **If the child is eligible**, the *Notification of Eligibility and Placement* form and the *Notice of Proposed Meeting for Gifted* should be completed, printed, and sent home. At **Box 1** on the *Notification of Eligibility and Placement* form enter the student's name. Check the area at **Box 2** to show the student is eligible for gifted services. At **Box 3** enter the name of the person who should receive this form when the student returns it and the date by which the form must be returned. **Box 4** is for the parent to complete. He or she will indicate placement is approved or not and will then sign and date the form. You must have this signed form before you can begin services.

## NOTICE OF PROPOSED MEETING FOR GIFTED

You are invited to a meeting to plan and/or review the Gifted Education Plan (GEP) for

**1** \_\_\_\_\_  
STUDENT'S NAME

**2** This group\*/individual meeting is scheduled for DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
CIRCLE ONE

LOCATION: \_\_\_\_\_

Please check one of the following:

**3**  I **will attend** the meeting as scheduled.

I **will not be able to attend** this meeting. I understand that my attendance at this meeting is not mandatory. I will contact you if I want more information.

I **prefer an individual meeting**. Please contact me to reschedule. Some dates that are convenient for me are listed below.

I **cannot meet** at the scheduled time. Please contact me to reschedule. Some other dates and times that are convenient for me are:

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

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

**4** Return this form to \_\_\_\_\_ at the following location \_\_\_\_\_.

### IX. NOTICE OF PROPOSED MEETING FOR GIFTED FORM DIRECTIONS

With the *Notification of Eligibility and Placement*, the *Notice of Proposed Meeting for Gifted* should be completed, printed, and sent home. This form invites parents to the *Gifted Education Plan (GEP)* meeting. At **Box 1** on the *Notice of Proposed Meeting for Gifted* form enter the student's name. Circle the type of meeting, individual or group, and enter the date, time and location of the GEP meeting at **Box 2**. **Box 3** is for the parent to complete. The parent will indicate if he/she can attend the meeting, cannot attend the meeting, or would like to reschedule the meeting. Make sure you complete **Box 4** with the name and location of the person that receives this form once the parent returns it. Once you receive consent for services you may start providing services to the student. You must have the GEP signed within 30 days of the Date of Eligibility meeting (*Gifted Eligibility Determination Form*).

# GIFTED EDUCATION PLAN

1 NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

IMPLEMENTATION GRADES FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## Transportation

2 Are transportation services needed for this student to receive gifted services?  No  Yes

## Placement Options for Gifted Services (check any that apply)

3  general education classroom  
(see curricular options)

resource room pull out program  
(see program description)

cluster grouping in the general education classroom  
(see curricular options)

content area class taught by gifted  
specialist (see program description)

advanced class(es) taught by general education teacher(s)  
(see curricular options)

\_\_\_\_\_ Number of hours of service provided outside  
the general education classroom

\_\_\_\_\_ Number of advanced classes taught by general education teacher(s)

## Curricular Options for General Education Classroom If Applicable

4  subject acceleration

advanced regular curriculum

other \_\_\_\_\_

compacting

independent study

contract

center activities (higher order thinking skills)

## Program Description for Gifted Classroom If Applicable

(For example: Units or topics of study including essential understandings and guiding questions when applicable.)

5

## 6 GEP Committee Members

Signatures of those in attendance at this meeting held on \_\_\_\_\_

TEACHER \_\_\_\_\_

STUDENT \_\_\_\_\_

Date

PARENT \_\_\_\_\_

OTHER \_\_\_\_\_

## X. GIFTED EDUCATION PLAN FORM DIRECTIONS

- A. The *Gifted Education Plan* is a one-page document (unless the *Accommodations Page* is included). Use the *Notice of Proposed Meeting for Gifted* to invite parents to attend the GEP meeting. At **Box 1** enter the student information which includes name, grade, school, and Implementation Grades. The GEP can be used for three years. Therefore this form is generally used for Grade 3-5. However, the services listed on this form must take place at the same location. If a school contains Grades 3-4, but the student must attend a different school for Grade 5, then a GEP may be developed for Grade 3-4. A new GEP must be developed for Grade 5.

**NOTE: The GEP includes Implementation Grades and not dates. You will list the grade levels the GEP will cover. Remember that GEPs can cover up to three years. If service hours or location of service changes, a new GEP must be written. You may want to add the statement Services are not provided during holidays and summer when school is not in session.**

- B. At **Box 2** enter if the student must ride a bus in order to receive gifted services. Most school systems provide services at the school in which the student attends. However, we do have a few school systems that provide services at one central location or at a few centrally located schools.
- C. The **Placement Options for Gifted Services** section at **Box 3** lists different placement options. You will mark [X] all that apply.
- If you mark general education classroom, cluster grouping in the general education classroom, or advanced class(es) taught by general education teacher(s), then the general education teacher should be included in the GEP meeting. You will also need to refer to the next section (**Box 4**) “**Curricular Options for General Education Classroom If Applicable**” box and mark all that apply in that section indicating what is actually going on in the general education classroom.
  - If the advanced class(es) line is marked, then enter the number of advanced classes taught by general education teacher(s) in which the child is enrolled.
  - If you mark [X] resource room pull out program or content area class taught by gifted specialist, you will need to refer to the “**Program Description For Gifted Classroom If Applicable**” section at **Box 5** and type in a program description which describes what you are actually doing in your gifted classroom.
  - Enter the number of hours the student receives services by the gifted specialist outside of the general education classroom.

**NOTE: When checking options for the general education classroom, you need to consult with the classroom teacher(s) and receive assurance(s) that these strategies will truly be implemented for the duration of the document (which can be up to 3 years). The classroom teacher(s) can initial the “Curricular Options for General Education Classroom if Applicable” section or the Accommodations Page may be completed annually to outline what differentiation strategies will be used for each subject area.**

- D. At **Box 4**, mark all of the curricular options that will be implemented for the student in the general education classroom. The classroom teacher should be at the meeting or have initialed next to the options that will be implemented. This section does reinforce the accommodations for gifted students in the general education classroom. However, you may find that the Accommodations page, completed on an annual basis, may be a better option than this section.
- E. **Box 5** provides an expanded text box for you to provide a description and examples of units for the pull out program or advanced classes. Be generic to cover the three years of the GEP. It is difficult to know what units would be covered in three years. However, make sure you send home a newsletter or brochure that details the units, field experiences, Standards and Student Outcomes for the year.
- F. Everyone who attends the GEP meeting should sign the form at **Box 6**. If the student attended the meeting, he or she should sign the document as well. Enter the date of the meeting. Provide a copy of the signed form for the parent to take home.

**Remember:** If parents are unable to attend a meeting, you may hold the meeting with the classroom teacher, another gifted specialist, and/or the student, if appropriate. This form can be modified.

**NOTE: You have 30 days from the date of eligibility on the Gifted Eligibility Determination Form to develop the GEP and meet with parents to obtain signatures. Gifted services may begin after the signed Notification of Eligibility Determination and Placement form has been received and before the GEP has been signed by parents.**

**GEP ATTACHMENT**  
**ACCOMMODATIONS FOR GIFTED STUDENTS**  
**IN THE GENERAL EDUCATION CLASSROOM**

**1** Student \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Students who are participating in gifted or enrichment programs have needs that require instruction to take place outside the general education classroom. Research has shown that they usually do not require as much repetition as other students to learn, and already know a substantial amount of grade level work. In addition, the SDE does not require that a student earn a grade for every subject every day. Many general education teachers use compacting (see below) to document that a student has already mastered the material that is going to be covered, but this is not a requirement if the following accommodations are made during the days/hours that the student is out of the general education classroom: 1) Student will not be required to make up missed class work, 2) If new material is introduced, student will be instructed by peer or teacher in a small group or one-on-one setting, 3) If tests are administered, student will take the test when he/she returns to the classroom or at another mutually agreed upon time.

**2** **Note:** When students are participating in gifted or enrichment classes they are reading, writing, computing and learning concepts at a more advanced level than if they remained in the general education classroom; therefore, it is not only acceptable but advisable to schedule this time during “protected reading or math time.” The gifted and enrichment students will be working at a higher level in another setting, and the general education teacher will be left with a smaller group of students thus allowing more individualized attention for those who need it.

**In case of special circumstances only, check one of the boxes below and give a specific explanation. Example: Student has a disability in a particular academic area and needs the repetition.**

- 3**  Student will complete shortened assignments. \_\_\_\_\_
- Other \_\_\_\_\_

**During the days/hours that the student is *in* the regular classroom, the following accommodations will be made:**

- 4**  Student will compact in the following subject(s): \_\_\_\_\_
- Student may complete independent projects in lieu of chapter work, when appropriate.  
 Student will present project to class.
- Student will complete alternate assignments (e.g., more difficult spelling words, the “challenge” assignments).
- Subject acceleration will be allowed as appropriate.
- Other: \_\_\_\_\_
- N/A (Explanation) \_\_\_\_\_

**The following general education teachers have read and received a copy of this page:**

**5**

SIGNATURE	DATE	SIGNATURE	DATE
_____	_____	_____	_____
_____	_____	_____	_____



## **XI. DIRECTIONS for *ACCOMMODATIONS for Gifted Student in the General Education Classroom Form***

This form can be used to ensure the gifted accommodations in the Alabama Administrative Code are followed or to include curricular options and differentiation strategies in the general education classroom.

- A. Complete the student information at **Box 1**. Enter the student's name, current grade level and the school year in which these accommodations will be in place.
- B. The next section at **Box 2** explains the rationale for **NOT** requiring gifted students to make up missed work. If the general education teacher agrees to this, then this form may not be needed. If the teacher does not agree, then this form should be completed, signed, and placed in the student's file.

**NOTE: The accommodations in this section are in the Alabama Administrative Code and must be followed.**

- C. The section at **Box 3** provides two options for students who may struggle in a particular subject area. The first option states that the student will simply complete shortened assignments. The second option allows for you and the general education teacher to type in what will be required.
- D. The section at **Box 4** is for accommodations that will be made *in* the general education classroom to meet the needs of gifted learners all day, every day. Mark the strategies that the classroom teacher will implement in order to meet the learning needs of the student.
- E. Print this page and obtain signatures at **Box 5**. Although the form states the general education teachers must sign the form, it is best practice for the gifted specialist to sign the form, too. This form can be modified.

## **XII. GENERAL INFORMATION**

- 1. The ALSDE requires two forms to be completed in SETS: *Referral Form for Gifted Services* and the *Gifted Screening/Eligibility Determination Form*. These forms **must be completed** in SETS and cannot be modified or changed. All other forms can be modified and photocopied as needed. However, if your school system coordinator requires additional forms to be entered into SETS, that is the option of the LEA and you must follow the procedures.

### TESTS USED CHART OF APTITUDE SCORE PLACEMENT

#### SCREENERS

**NOTE:** For **screening** purposes the Verbal, Nonverbal, or Total from the OLSAT or CogAT, and the Vocabulary, Matrices or Total from the K-BIT2 can be used. For **eligibility** purposes, **only** the Total (S10) score must be used. These screeners are usually administered by classroom teacher or gifted specialist.

Screener Test Name	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10 Eligibility only
(B) K-BIT2	Verbal	Matrices								Total
(CogAT)CogAT	Verbal	Nonverbal						Quantitative		Total
TONI 4										Nonverbal IQ
(NNAT2) NNAT2/NNAT3 (N-I) NNAT-I										NAI
(OS) OLSAT	Verbal	Nonverbal								Total
(S) Slosson SIT-R3										SAI

#### PLACEMENT TESTS

**NOTE:** Memory factor scores cannot be used from any test, nor can Processing Speed from the WISC-IV. The acceptable factor scores for IQ tests are listed in the chart below. **These aptitude tests must be administered by a licensed psychometrist.** The **ONLY** exception is the Torrance Test of Creative Thinking, which may be administered and scored by someone who has received training.

Placement Test Name	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
(A2) KABC-2	Knowledge/ Crystallized Ability	Simultaneous/ Visual Processing	Planning/ Fluid Reasoning	Nonverbal Index	MPI					FCI
(BVAT) BVAT										Total
(CT) C-TONI2	Pictorial	Geometric								Nonverbal IQ
(K) KAIT	Crystallized	Fluid								Composite
(N-I) NNAT-I										NAI
(RIAS) RIAS	Verbal VIX	Nonverbal NIX								Composite CIX
(SB5) SB-5	Verbal IQ	Nonverbal IQ	ABIQ	Experimental Composite	Experimental Composite nonverbal	Knowledge	Fluid Reasoning	Quantitative	Visual Spatial Processing	Full Scale
(TF) Torrance Figural										National Creativity Index Percentile
(TV) Torrance Verbal										Verbal Average Standard Score
(U) UNIT	Symbolic	Nonsymbolic	Reasoning							Composite
<b>UNIT2</b>			<b>Abbreviated Battery</b>		<b>Standard Battery</b>		<b>Reasoning</b>	<b>Quantitative</b>		<b>Full Scale Battery</b>
(WAIS) WAIS III	Verbal VIX	Performance PIX								Full-Scale
(WIV) WISC IV	Verbal Comprehension	Perceptual Reasoning								Full Scale or GAI
WISC V	Verbal Comprehension	Nonverbal					Fluid Reasoning	Quantitative	Visual Spatial	Full Scale or GAI
OTHER	Your STI administrator can add any other test that you may be using. Please check with the ALSDE before adding any tests to make sure they are approved assessments.									

# **GIFTED REFERRAL & ELIGIBILITY PROCESS FORMS**

# REFERRAL FORM FOR GIFTED SERVICES

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**Complete the boxes below for each student referred (includes 2nd grade referrals and standard referrals.)**

<b>Inform parents of the referral by sending the Consent and <i>Rights in Gifted Education</i> forms.</b>  <b>Date sent to parent:</b> _____	<b>Consent received by LEA:</b> _____  <small>THIS DATE BEGINS THE 90-DAY TIMELINE FOR STANDARD REFERRALS</small> <b>CHECK HERE IF CONSENT DENIED</b> _____
--	--

**Student's Legal Name:** \_\_\_\_\_ **Source of Referral** \_\_\_\_\_

**State Student ID Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

### Aptitude Test Selection

The purpose of this list is to assist the team in determining the appropriate assessments for this student. Students from different cultural or language backgrounds, the economically disadvantaged, and students with sensory impairments or other disabilities are often underrepresented in programs for the gifted. Research suggests that this may be due to problems associated with standardized testing. To ensure that the abilities of students from underrepresented groups are accurately assessed, they should be evaluated with instruments that cover a broad range of aptitudes such as verbal, nonverbal, and creativity.

Check all factors that apply to this student.

- \_\_\_\_\_ Limited developmental experiences or family unable to afford enrichment materials and/or experiences.
- \_\_\_\_\_ Transiency in elementary school (at least 3 moves) or irregular attendance (23% of the time during a grading period).
- \_\_\_\_\_ Geographic isolation.
- \_\_\_\_\_ Residence in a depressed economic area and/or low family income at a subsistence level.
- \_\_\_\_\_ Home responsibilities/necessary pupil employment interfering with learning activities.
- \_\_\_\_\_ Limited opportunity to acquire depth in English (English not spoken in home, transiency due to migrant employment of family, dialectical differences acting as a barrier to learning).
- \_\_\_\_\_ Disabling condition which adversely affects testing performance (e.g., clinically significant focusing difficulties, physical or sensory disability, any disability that interferes with educational performance).
- \_\_\_\_\_ Member of a group that is underrepresented in the gifted program (Note: in Alabama, African American and Hispanic students are underrepresented in the gifted program).
- \_\_\_\_\_ Other: \_\_\_\_\_

*Check One:*

- \_\_\_\_\_ None of the above factors apply      \_\_\_\_\_ One or more of the factors above were checked therefore this student should have both verbal and nonverbal abilities assessed before determining him/her ineligible.

**Gather information for the matrix such as:** Aptitude test scores (group or individual), achievement tests scores (Stanford, STAR tests, etc.), behavior rating scale, products/portfolios or work samples showing outstanding or above grade-level work.

**SYSTEMS THAT DO NOT SCREEN STUDENTS BEFORE DOING FURTHER TESTING SHOULD SIGN BELOW AND THEN PROCEED TO THE ELIGIBILITY MATRIX.**

**SYSTEMS THAT SCREEN STUDENTS SHOULD PROCEED TO THE MATRIX AND PLOT THE DATA THEN CONTINUE BELOW**

**Plot the data on the matrix. Then record the team decision below:**

- \_\_\_\_\_ The matrix score was less than \_\_\_\_\_ points therefore the student does not pass screening.  
(Send the *Notification of Gifted Referral Screening Team Decision*)
- \_\_\_\_\_ The matrix score fell between \_\_\_\_\_ points and 16 points (inclusive). The following additional information is needed to reconsider eligibility:
  - \_\_\_\_\_ Work samples in the students strength area showing outstanding or above grade level work.
  - \_\_\_\_\_ Additional input on the behavior rating scale, or a new behavior rating scale.
  - \_\_\_\_\_ An individually administered aptitude test: \_\_\_\_\_ verbal \_\_\_\_\_ nonverbal \_\_\_\_\_ creativity
  - \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ The matrix score was 17 points or greater, therefore the eligibility matrix should be applied.

**Signatures of team members:**

(Three signatures required)

**Date above decision was made:** \_\_\_\_\_

**Name**

**Position**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## NOTIFICATION AND CONSENT FOR GIFTED SCREENING

Your child, \_\_\_\_\_ has been referred for screening to determine if he/she needs to be evaluated for the gifted program. A screening team will review existing information/test results and may also require additional assessments in the following areas: aptitude, achievement, gifted behavior, creativity, vision, and hearing. Based on the information reviewed, the team will determine if your child meets the criteria to pass screening. If you would like for your child to be screened for the gifted program, please complete the information below and return to: \_\_\_\_\_.

Please keep the attached copy of *Rights in Gifted Education* for your records. If you have other information that can assist in this evaluation or have questions regarding this evaluation or your rights, you may contact \_\_\_\_\_ at \_\_\_\_\_.

Student's Legal Name/First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Student's Current Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Race \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone # \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_ Does your child wear glasses? YES \_\_\_ NO \_\_\_

Has your child ever been referred or tested for gifted services? NO \_\_\_ YES \_\_\_

If yes, when and where? \_\_\_\_\_

Has your child ever been referred or tested for special education services? NO \_\_\_ YES \_\_\_

What type? \_\_\_\_\_

### Please check the items that characterize your child.

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Walked or talked earlier than most age mates            | <input type="checkbox"/> 9. Has a wide range of interests                            |
| <input type="checkbox"/> 2. Has a well-developed sense of humor                     | <input type="checkbox"/> 10. Seeks logical, common sense answers                     |
| <input type="checkbox"/> 3. Displays a great deal of curiosity, asks many questions | <input type="checkbox"/> 11. Showed an early interest in reading or cause/effect     |
| <input type="checkbox"/> 4. Enjoys the friendship of older children or adults       | <input type="checkbox"/> 12. Showed an interest in how things work, mechanical       |
| <input type="checkbox"/> 5. Shows a great deal of interest in moral/ethical choices | <input type="checkbox"/> 13. Is an alert observer, sees more in a story or film      |
| <input type="checkbox"/> 6. Has a need to understand                                | <input type="checkbox"/> 14. Likes to organize and bring structure to things, people |
| <input type="checkbox"/> 7. Demands a high standard of personal achievement         | <input type="checkbox"/> 15. Generates many ideas, solutions                         |
| <input type="checkbox"/> 8. Has an unusually large vocabulary                       | <input type="checkbox"/> 16. Has an unusual memory for past experiences              |

On the back of this page please list any activities your child is involved in such as music/art/dance lessons, hobbies, etc. or any other information you think should be considered.

My signature indicates that:

\_\_\_\_\_ ***I give permission for my child to be screened for the gifted program.*** I understand that if my child does not pass the screening, I will be informed in writing. If my child does pass screening but cannot be determined eligible with existing information, I give permission for further assessments. I have received a copy of *Rights in Gifted Education* and I have reviewed and understand these rights.

\_\_\_\_\_ ***I do not give permission for my child to be screened for the gifted program.***

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

## RIGHTS IN GIFTED EDUCATION

(Please keep this form for your records. Do not return.)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

The following is an explanation of rights available to students who are in the referral process or who are identified as gifted. If you would like a further explanation of any of these rights you may contact the gifted specialist, your school principal, the special education coordinator or gifted supervisor, in your school system.

**CONSENT:** 1) Right to give consent before a referral or individual assessment is conducted and before initial placement is made in a gifted program; 2) Right to refuse consent for referral or individual assessment or the initial provision of gifted education services; 3) Right to revoke consent at any time.

**EVALUATION PROCEDURES:** 1) Right to a referral and subsequent assessment of the child's educational needs for the purpose of determining placement and services; 2) Right to have more than one criterion used in determining an appropriate educational program for the child.

**GIFTED EDUCATION PLAN (GEP):** 1) Right to attend the meeting to develop, review, or revise the GEP; 2) Right to be notified of the GEP meeting early enough to ensure an opportunity to attend; 3) Right to have the GEP meeting scheduled at a mutually agreed upon time and place; 4) Right to a copy of the GEP upon request; 5) Right to bring other people to the GEP meeting; 6) Right to ask for a revision of the GEP.

**DISPUTE RESOLUTION PROCESS:** When attempts to resolve a problem at the local level have failed, dispute resolution processes are available from Special Education Services. Information regarding these processes can be obtained by contacting the school system's gifted coordinator. You can also contact the gifted education specialists at the Alabama State Department of Education by calling (334) 694-4782

# GIFTED ELIGIBILITY/SCREENING DETERMINATION FORM

Name: \_\_\_\_\_ State Student ID Number: \_\_\_\_\_ DOB \_\_\_\_\_ GRADE: \_\_\_\_\_ Race: \_\_\_\_\_

Section I: Automatic Eligibility				Aptitude Tests Administered													
A student is automatically eligible if the total/composite score on an aptitude test (required to be administered by a psychometrist) is 130+, or the national percentile score of the <i>Torrance Test of Creative Thinking</i> is at or above the 97 <sup>th</sup> national percentile.  Test Administered _____ Score _____				<b>TESTS USED</b>	<b>E</b>	<b>S1</b>	<b>S2</b>	<b>S3</b>	<b>S4</b>	<b>S5</b>	<b>S6</b>	<b>S7</b>	<b>S8</b>	<b>S9</b>	<b>S10</b>		
Section II : Matrix Eligibility				Points Chart													
		<b>TEST/SUBSCALE/ITEM</b>	<b>SCORE</b>	<b>POINTS EARNED</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>							
<b>APTITUDE</b>					<b>APTITUDE</b> Individual Test or OLSAT/NNAT	129+-127	126-124	123-121	120-118	117-115	<115						
<b>CHARACTERISTICS</b> Any subscale score may be used		Instrument	Subscale		K-BIT, Slosson	145+	144-141	140-137	136-133	132-129	<129						
		_____	_____	_____	Torrance Test	96-5%ile	94-2%ile	91-0%ile	89-7%ile	86-5%ile	<85%ile						
<b>PERFORMANCE</b> *Point Conversion Chart:  <b>Points Earned = Rounded Points</b> 15 = _____ 14 = _____ 13 = _____ 12 = _____ 11 = _____ 10 = _____ 09 = _____ 08 = _____ 07 = _____		<b>INDICATORS</b>  _____		<b>POINTS</b>  _____	<b>ROUNDED POINTS:*</b>  _____			<b>CHARACTERISTICS</b>  Hawthorne (GES)		15+	14	13	12	11	<11		
		If behavior rating scale scores are used, choose any score except Intellectual and Achievement		<b>POINTS EARNED:*</b>  _____	<b>TOTAL POINTS EARNED</b>  _____			GATES		121+	120-111	110-90	89-80	79-70	<70		
								<b>ACHIEVEMENT</b>  Total Reading, Math, Science, Language, Social Studies, or Total Battery.		99-97	96-94	93-91  %ile	90-88  <i>Scores</i>	87-85	<85  <i>National</i>		
<b>Referral Source:</b> _____ <b>Referral Date:</b> _____				<b>Date of Eligibility Meeting:</b> _____ (Do not use this box for Screening. Return to Referral form to sign and date.)													
<b>SCREENING DECISION</b> _____ <b>YES</b> _____ <b>NO</b> (For systems that screen only)				<b>Signatures of Team Members</b> _____ <b>Position</b> (Three signatures required)													
<b>ELIGIBILITY DECISION</b> _____ <b>YES</b> _____ <b>NO</b> (Student is eligible with a total of 17 points OR by meeting Automatic Eligibility criteria. A student may not be determined <i>ineligible</i> with an aptitude assessment that is considered a screener)				_____ _____ _____													

# NOTIFICATION OF GIFTED REFERRAL SCREENING TEAM DECISION

The Gifted Referral Screening Team spent many hours collecting and carefully reviewing information and assessment results for your child. Data was considered from a variety of sources in the areas of aptitude, characteristics, and performance indicators. According to the state *Matrix for Screening Determination* your child does not meet the requirements at this time to warrant further assessment for gifted services.

The fact that your child was referred for screening indicates that he/she is recognized as having potential. Your child may be referred again at a later date if /when there is additional/new information that indicates the need for considering gifted services. We are confident that the general education classroom will provide numerous opportunities for developing the potential that has been recognized in your child.

If you have any questions or want to discuss the results of the screening, please contact

\_\_\_\_\_ at \_\_\_\_\_.



# NOTIFICATION OF ELIGIBILITY DETERMINATION TEAM DECISION

The Eligibility Determination Team considered information from a variety of sources in the areas of aptitude, characteristics, and performance indicators. The following determination regarding \_\_\_\_\_ was made:

STUDENT'S NAME

Student *is eligible* for gifted services.

**Please check one of the boxes below, sign, and return this form to**

\_\_\_\_\_ **by** \_\_\_\_\_.

DATE

I approve placement in the gifted program.

I do not approve placement in the gifted.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

# NOTIFICATION OF ELIGIBILITY DETERMINATION TEAM DECISION

The Eligibility Determination Team spent many hours collecting and carefully reviewing information and assessment results for your child. Data was considered from a variety of sources in the areas of aptitude, characteristics, and performance indicators. According to the state **Matrix for Screening/Eligibility Determination** your child does not meet the requirements at this time to be determined eligible for gifted services.

The fact that your child was referred for screening indicates that he/she is recognized as having potential. Your child may be referred again at a later date if /when there is additional/new information that indicates the need for considering gifted services. We are confident that the general education classroom will provide numerous opportunities for developing the potential that has been recognized in your child.

The following determination regarding \_\_\_\_\_ was made:

**Student *is not eligible* for gifted services at this time.**

If you want to arrange a conference to discuss the team's decision call

\_\_\_\_\_ at \_\_\_\_\_.  
SCHOOL OR SCHOOL SYSTEM CONTACT TELEPHONE NUMBER

# NOTICE OF PROPOSED MEETING FOR GIFTED

You are invited to a meeting to plan and/or review the Gifted Education Plan (GEP) for

\_\_\_\_\_.

STUDENT'S NAME

This group\*/individual meeting is scheduled for DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
CIRCLE ONE

LOCATION: \_\_\_\_\_

Please check one of the following:

- I **will attend** the meeting as scheduled.
- I **will not be able to attend** this meeting. I understand that my attendance at this meeting is not mandatory. I will contact you if I want more information.
- I **prefer an individual meeting**. Please contact me to reschedule. Some dates that are convenient for me are listed below.
- I **cannot meet** at the scheduled time. Please contact me to reschedule. Some other dates and times that are convenient for me are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT SIGNATURE

\_\_\_\_\_

DATE

Return this form to \_\_\_\_\_ at the following location \_\_\_\_\_.

# GIFTED EDUCATION PLAN

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_  
\_\_\_\_\_

IMPLEMENTATION GRADES FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## Transportation

Are transportation services needed for this student to receive gifted services?  No  Yes

### Placement Options for Gifted Services (check any that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> general education classroom<br>(see curricular options)                               | <input type="checkbox"/> resource room pull out program<br>(see program description)                 |
| <input type="checkbox"/> cluster grouping in the general education classroom<br>(see curricular options)       | <input type="checkbox"/> content area class taught by gifted specialist<br>(see program description) |
| <input type="checkbox"/> advanced class(es) taught by general education teacher(s)<br>(see curricular options) | _____ Number of hours of service provided outside<br>the general education classroom                 |
| _____ Number of advanced classes taught by general education teacher(s)  |  |

## Curricular Options for General Education Classroom If Applicable

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> subject acceleration | <input type="checkbox"/> advanced regular curriculum                      | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> compacting           | <input type="checkbox"/> independent study                                |                                       |
| <input type="checkbox"/> contract             | <input type="checkbox"/> center activities (higher order thinking skills) |                                       |

### Program Description for Gifted Classroom If Applicable

(For example: Units or topics of study including essential understandings and guiding questions when applicable.)

### GEP Committee Members

Signature & Date of those in attendance at this meeting.

TEACHER \_\_\_\_\_

STUDENT \_\_\_\_\_

PARENT \_\_\_\_\_

OTHER \_\_\_\_\_

**GEP ATTACHMENT**  
**ACCOMMODATIONS FOR GIFTED STUDENTS**  
**IN THE GENERAL EDUCATION CLASSROOM**

Student \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Students who are participating in gifted or enrichment programs have needs that require instruction to take place outside the general education classroom. Research has shown that they usually do not require as much repetition as other students to learn, and already know a substantial amount of grade level work. In addition, the SDE does not require that a student earn a grade for every subject every day. Many general education teachers use compacting (see below) to document that a student has already mastered the material that is going to be covered, but this is not a requirement if the following accommodations are made during the days/hours that the student is out of the general education classroom: 1) Student will not be required to make up missed class work, 2) If new material is introduced, student will be instructed by peer or teacher in a small group or one-on-one setting, 3) If tests are administered, student will take the test when he/she returns to the classroom or at another mutually agreed upon time.

**Note:** When students are participating in gifted or enrichment classes they are reading, writing, computing and learning concepts at a more advanced level than if they remained in the general education classroom; therefore, it is not only acceptable but advisable to schedule this time during “protected reading or math time.” The gifted and enrichment students will be working at a higher level in another setting, and the general education teacher will be left with a smaller group of students thus allowing more individualized attention for those who need it.

**In case of special circumstances only, check one of the boxes below and give a specific explanation.**

**Example: Student has a disability in a particular academic area and needs the repetition.**

Student will complete shortened assignments. \_\_\_\_\_

Other \_\_\_\_\_

**During the days/hours that the student is *in* the regular classroom, the following accommodations will be made:**

Student will compact in the following subject(s): \_\_\_\_\_

Student may complete independent projects in lieu of chapter work, when appropriate.

Student will present project to class.

Student will complete alternate assignments (e.g., more difficult spelling words, the “challenge” assignments).

Subject acceleration will be allowed as appropriate.

Other: \_\_\_\_\_

N/A (Explanation) \_\_\_\_\_

**The following general education teachers have read and received a copy of this page:**

SIGNATURE

DATE

SIGNATURE

DATE

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