

CROWLEY ISD ADMINISTRATIVE REGULATION

BOARD POLICY: EHBB (LOCAL)

Original Cabinet Approval Date:

March 28, 2007

Revision Date:

June 2010

RE: SPECIAL PROGRAMS: GIFTED AND TALENTED STUDENTS

Nomination: Students may be nominated for the gifted and talented program at any time by teachers, counselors, parents, or other interested persons in accordance to the following procedures:

- Nominations will be received throughout the school year for students new to the district.
- All nominated students will be given the opportunity to test at designated testing times.
- Students may be nominated each year for consideration into the program.

Assessments: District assessments will be selected to ensure that students from all populations have access to assessment. Assessment tools selected will include but are not limited to non-verbal and culturally non-biased instruments including achievement test, intelligence test, creativity test, behavioral checklist completed by parents and teacher checklist based on classroom observations.

Selection: A selection committee shall evaluate each nominated student according to the established criteria and shall select those students for whom gifted program placement is the most appropriate educational setting. The committee shall be composed of at least three district professional educators who have received training in the nature and needs of gifted students and shall be established for the district.

The selection committee shall review:

- results of the specific assessments administered to students
- data collected through student production, information data and cognitive/language data
- preponderance of evidence demonstrating within the top 5 percent of the school population

Possible members may include:

- Gifted and Talented Specialist

- Counselor
- Administrator or designee
- Other trained educators that meet the state gifted requirements
- Three must be present to render the decision.

Transfer Students:

When a student identified as gifted by a previous school district, transfers into the district, the student records shall be reviewed by the selection committee to determine if placement in the district's program for gifted and talented students is appropriate.

The committee shall make its determination within 30 days of the student's enrollment in the district and shall base its decision on the transferred records, observation reports of District teachers who instruct the student, and student/parent conferences. The selection committee shall consider the following criteria:

- verification of GT services in another district
- parent checklist
- teacher checklist
- student interview or survey
- grades
- achievement or aptitude test may be used if deemed necessary on designated district testing dates.

Furloughs: A student who fails to maintain satisfactory performance in the gifted and talented program may be considered for furlough at the request of:

- the selection committee
- the student
- and/or the parent.

Process to Receive a Furlough:

A student may be furloughed for a period of time as determined by the selection committee. A furlough period could be defined for six weeks, a semester, or a full year according to extenuating circumstance as deemed appropriate by the selection committee. The process for a furlough includes:

- completing furlough request form
- a meeting with the selection committee of the campus
- review extenuating circumstances for the furlough
- a decision to grant or deny the furlough
- if furlough is granted a decision defining the period of time that the furlough will be granted

At the end of the furlough period the selection committee shall consider the student's progress to make a determination of:

- reentry into the gifted program
- removal from the program
- or placement on another furlough.

Appeals: A parent or student may appeal any final decision of the selection committee regarding selection for or removal from the gifted program. The Board encourages students and parents to discuss their concerns and complaints through informal conferences beginning with the appropriate teacher. Concerns should be expressed as soon as possible to allow early resolution at the lowest possible administrative level within ten school days.

An informal process shall include a conference with the GT Specialist.

- If an informal conference fails to reach a satisfactory outcome, a parent may request a Level 1 appeals form from the GT specialist. This must be returned within ten school days of the conference to the campus principal.
- The following materials must be attached to the form:
 - a copy of your child's last report card
 - two letters of recommendations that demonstrate examples of gifted behavior
 - school project or piece of writing
- The GT Specialist will ask the current teacher to complete a Renzulli Checklist of Gifted Behaviors.
- A meeting of the Selection Committee will be called and will serve as the Level 1 hearing officer. The selection committee will provide a written copy of the Level 1 decision within 10 school days. If a parent or student is not satisfied with the Level 1 decision, they can appeal to Level 2.

The formal level 2 process includes:

- A Level 2 written complaint form must be completed within ten school days and submitted to the Superintendent or designee.
- A conference will be held within ten days of the written complaint.
- If a parent or student is still not satisfied with the decision, they can appeal to Level 3.

The formal level 3 process includes:

- Appeal to the School Board

Exhibits:

Exhibit A – Permission to Test with Parent Check List Form

Exhibit B – GATE Furlough Form

Exhibit C – GATE Dismissal from Program Form

Exhibit D – GATE EXIT Procedures Flowchart



**Crowley Independent School District
G.A.T.E. Program
Permission to Test Form**

Student Name: Last		First	MI	Sex M F	Ethnicity	Language Spoken at home	Campus: DC	School Year 09-10
Parent Name			Telephone #		Work #		Student Date of Birth	
Address		City	Zip	Student ID Number	Current Grade		Teacher	

I give my permission for the district to collect additional information about my child. I also give permission for my child to be served in the GT program if he/she is identified for placement.

Parent/Guardian Signature	Date	IMPORTANT: Return no later than: April 11, 2010
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Directions: Circle the number that best describes your child.

5= Has this trait to a high degree.

4 = Has this trait more than the typical child.

3 = Compares with the typical child.

2 = Has this trait less than the typical child.

1 = Lacks this trait.

1.	Has advanced vocabulary, expresses himself or herself well	5	4	3	2	1
2.	Thinks quickly	5	4	3	2	1
3.	Recalls facts easily	5	4	3	2	1
4.	Wants to know how things work	5	4	3	2	1
5.	Is reading (before he/she started kindergarten)	5	4	3	2	1
6.	Puts unrelated ideas together in new and different ways	5	4	3	2	1
7.	Becomes bored easily	5	4	3	2	1
8.	Asks reasons why - questions almost everything	5	4	3	2	1
9.	Likes "grown-up" things and to be with older people	5	4	3	2	1
10.	Has a great deal of curiosity	5	4	3	2	1
11.	Is adventurous	5	4	3	2	1
12.	Has a good sense of humor	5	4	3	2	1
13.	Is impulsive, acts before he/she thinks	5	4	3	2	1

14.	Tends to dominate others if given the chance	5	4	3	2	1	TOTAL
15.	Is persistent, sticks to a task	5	4	3	2	1	
16.	Has good physical coordination and body control	5	4	3	2	1	
17.	Is independent and self-sufficient in looking after himself/herself	5	4	3	2	1	
18.	Is aware of his/her surroundings and what is going on around him/her	5	4	3	2	1	
19.	Has a long attention span	5	4	3	2	1	
20.	Wanted to do things for himself/herself early - example: dressing and feeding himself/herself	5	4	3	2	1	
FOR OFFICE USE ONLY							

Developed by the Staff of the Gifted and Talented Section, Division of Exceptional Children, North Carolina Department of Public Instruction. This instrument is part of an identification model development by Cornella Tongue and Charmian Sperring, 1976. Reprinted with permission.

Has your child previously been screened for Crowley ISD G.A.T.E. /E.A.G.L.E. Program? ----- Yes No
 If yes, at which campus? _____ School year? _____
 Is your child currently served in any other special programs?----- Yes No
 If yes, identify program _____
 What other information would you like us to know about your child? _____



**Distrito Escolar Independiente de Crowley
Programa G.A.T.E.
Impreso de permiso para la evaluación**

Nombre del estudiante: Primer apellido nombre		Nombre Segundo	Sexo M F	Etnicidad	Idioma que se habla en casa	Escuela DC	Año escolar 09-10
Nombre del padre o de la madre		Nº del teléfono de casa		Nº de teléfono del trabajo		Fecha de nacimiento del estudiante	
Dirección	Ciudad	Código postal	Nº de identificación del estudiante	Grado actual		Maestro	

Day mi permiso para que el distrito obtenga información adicional acerca de mi hijo/a. También doy mi permiso para que mi hijo/a participe en el Programa de GT si él o ella cumple con los requisitos para poder participar en dicho programa.

Firma del padre, madre o del tutor	Fecha	IMPORTANTE: Enviarlo de regreso en la fecha que fue publicada.
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Instrucciones: Haga un círculo alrededor del número que describa mejor a su hijo/a.

5= Exhibe altamente esta característica.

2 = Esta característica está por debajo del típico

niño.

4 = Exhibe esta característica mas que el típico niño.

1 = Carece de esta característica.

3 = Se compara con el típico niño.

1. Posee un vocabulario avanzado, se expresa bien	5	4	3	2	1
2. Piensa con rapidez	5	4	3	2	1
3. Recuerda hechos con facilidad	5	4	3	2	1
4. Quiere saber como funcionan las cosas	5	4	3	2	1
5. Sabe leer (antes de comenzar Kindergarten)	5	4	3	2	1
6. Pone ideas que no están relacionadas juntas y de formas nuevas y diferentes	5	4	3	2	1
7. Se aburre fácilmente	5	4	3	2	1
8. Quiere saber el por qué de las cosas - cuestiona casi todo	5	4	3	2	1
9. Le gusta hacer actividades de "adultos" y estar con ellos	5	4	3	2	1
10. Tiene mucha curiosidad	5	4	3	2	1
11. Es aventurero	5	4	3	2	1
12. Tiene buen sentido del humor	5	4	3	2	1

13.	Es impulsivo, el o ella actúa antes de pensar	5	4	3	2	1		
14.	Tiende a dominar a otros si se le da la oportunidad	5	4	3	2	1		
15.	Es persistente y se aferra a las tareas	5	4	3	2	1		
16.	Posee una coordinación física y un control corporal buenos	5	4	3	2	1		
17.	Es independiente y autosuficiente cuidándose de sí mismo	5	4	3	2	1		
18.	Es consciente de su entorno y de lo que está ocurriendo a su alrededor	5	4	3	2	1		
19.	Posee gran capacidad de concentración	5	4	3	2	1		
20.	Quiere hacer cosas por sí mismo/a a una edad temprana - ejemplo: se viste y come sin ayuda.	5	4	3	2	1		
PARA USO DE LA OFICINA								TOTAL

Desarrollado por el personal de la Sección de Talentos y Dones, División de Niños Excepcionales, Departamento de Instrucción Pública de Carolina del Norte. Este instrumento es parte del módulo de identificación, desarrollado por Cornella Tongue y Charmian Sperring, 1976. Con permiso para ser reimprimido.

¿Ha sido su hijo/a previamente evaluado para el Programa de Crowley ISD, G.A.T.E./E.A.G.L.E.? ----- Sí No

Si la respuesta es afirmativa, ¿En qué escuela? _____ ¿Qué año escolar? _____

¿Está asistiendo su hijo/a a cualquier otro programa especial? ----- Sí No

Si la respuesta es afirmativa, identifique el programa _____

¿Qué otra información le gustaría a usted compartir con nosotros acerca de su hijo/a? _____



GATE Furlough from Program

Student: _____ Grade _____

Date: _____ School: _____

Conference held at request of: Parent _____

GATE Teacher _____

HR Teacher _____

Other _____

Type of Conference: _____ Phone _____ Meeting

Conference held for: _____ Review _____ Furlough _____ Dismissal

Subject of Conference:

Comments:

Conclusion:

Date of Follow up Conference: _____

GATE Teacher _____

Homeroom Teacher _____

Parent(s) _____



GATE Dismissal from Program Form

Student _____ Grade _____

Date _____ School _____

Conference held at request of: Parent _____
GATE Teacher _____
HR Teacher _____
Other _____

Type of Conference: _____ Phone _____ Meeting

Conference held for: _____ Admission _____ Review _____ Dismissal

Subject of Conference:

Comments:

Conclusion:

Signatures:

GATE Teacher _____

Homeroom Teacher _____

Parent(s) _____

GATE Exit Procedures

Notification – Indication of educational difficulties.

Review - Contact with parent/student. Meeting with selection committee and classroom teacher

Furlough

Stay

Exit

A student may be furloughed for a period of time as determined by the selection committee. A furlough period could be defined for a six weeks, a semester or a full year according to extenuating circumstance as deemed appropriate by the selection committee.

Complete furlough request form
 Meet with the selection committee
 Review circumstances

Decision to grant or deny
 If granted decision defining the period of time

At end of furlough period selection committee shall consider student progress to make a determination of

Reentry
 Removal for the program
 Placement on another furlough

Continue to monitor progress

Exit Document

Remove student from PEIMS

PEIMS form

Furlough document