

Intellectually Gifted  
(2006 Gifted Program Regulations)

Referral: Date: \_\_\_\_\_

Satisfied at least 2 of the following:

- 1. Group IQ test (last 12 months)
- 2. Published characteristics of giftedness measure
- 3. Published measure of creativity
- 4. Published measure of leadership
- 5. Achievement test score(s)
- 6. Existing individual IQ test (last 12 months)
- 7. Other measures documented in the research on identification of intellectually gifted students

LSC Meeting: Date: \_\_\_\_\_

- 1. Student moves forward to assessment
- 2. Additional data to be collected
- 3. Identification process terminated

Potentially Gifted Checklist:  Yes  No

Parental permission for testing: Date: \_\_\_\_\_

Phase I Assessment Criteria (Student satisfied any 3 of the following):

- 1. Full scale score of 90<sup>th</sup> percentile or above on a group IQ test
- 2. Score at or above superior range on a normed characteristics of giftedness checklist
- 3. Score at or above superior range on a normed measure of creativity
- 4. Score in the superior range on a normed measure of leadership
- 5. Score at or above the 90<sup>th</sup> percentile on a normed measure of cognitive abilities
- 6. Score at or above the 90<sup>th</sup> percentile on total language, total math, total reading, total science, total social studies, or composite on a normed achievement test (May not use MCT scores)
- 7. Other with prior approval by the SBE

Phase II Assessment Criteria

- Score at or above the 90<sup>th</sup> percentile composite or full scale on an individual test of intelligence

Disadvantaged Criteria Applied:  Yes  No

- 1. Score of 90<sup>th</sup> percentile or above on a test of cognitive abilities
- 2. Score at or above the 90<sup>th</sup> percentile on a group IQ test
- 3. Matrix (Prior approval by the MDE)

Twice-Exceptional Criteria Applied:  Yes  No

Assessment Report: Date: \_\_\_\_\_

- 1. Student's name
- 2. Name of at least 3 measures from Assessment Phase 1
- 3. Results of each measure
- 4. Name of individual who administered or completed each measure and date
- 5. Test behaviors for any individually administered test(s)
- 6. Interpretation for each individually administered test(s)
- 7. Name of the person who administered the individual test of intelligence and date
- 8. Qualifications of individual who administered the individual test of intelligence
- 9. Results of the individual test of intelligence to include scores on all subtests and identified strengths and weaknesses
- 10. Name of person responsible for writing the Assessment Report, his/her signature and position
- 11. Date of the report

Eligibility Determination by the LSC: Date: \_\_\_\_\_

**Gifted Pupil Personal Data Sheet (GPPDS)**

District: \_\_\_\_\_

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

Gifted Contact Person: \_\_\_\_\_

District phone #: \_\_\_\_\_

**Student Identification**

Name: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_

Grade: \_\_\_\_ Date of birth: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Name of parent or legal guardian (Print): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Parental Consent**

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

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

**LSC Determination**

Based upon the assessment data, the Local Survey Committee has determined that this student is:

\_\_\_\_ Intellectually Gifted

\_\_\_\_ Academically Gifted

\_\_\_\_ Artistically Gifted

\_\_\_\_ Creatively Gifted

\_\_\_\_ Not eligible since the data do not indicate that the minimal criteria were met for a gifted eligibility.

**Members Present**

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of decision: \_\_\_\_\_

**Referral Form: Intellectually Gifted**

Name of student: \_\_\_\_\_ Date: \_\_\_\_\_ Student ID # \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of person making referral (Print): \_\_\_\_\_

Signature of person making referral: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Does the student wear glasses? \_\_\_\_\_ Does the student have any allergies? \_\_\_\_\_

List allergies, if any: \_\_\_\_\_

List any medications the student takes: \_\_\_\_\_

Does the student have any disabilities/problems that should be considered when selecting appropriate assessment measures? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Has the student been referred previously for intellectually gifted program? \_\_\_\_\_

**Measures used to satisfy referral criteria**

1. Measure: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

2. Measure: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

3. Measure: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

**LSC Determination**

Moves to assessment stage: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Need to collect more data: \_\_\_\_\_ Date: \_\_\_\_\_

Identification process terminated: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures of LSC Members:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Potentially Disadvantaged Gifted Checklist

District personnel shall complete this checklist for any student referred for the gifted program that satisfies one or more of the categories. Because some of these elements might fit the student being considered, that student could be at a potential disadvantage when certain measures would be used during the identification process. The information is only to be considered when selecting appropriate measures during the identification process. If the student satisfies 5 or more of the following criteria, then they qualify for using the disadvantaged criteria as defined in the regulations.

- Limited English proficiency or English is not their primary language
- Non-standard English interferes with learning activities
- Frequent moves from one school to another or one district to another
- Few academic enrichment opportunities available in the home or local neighborhood
- Home or after school responsibilities may interfere with learning activities
- Cultural values may be in conflict with dominant culture
- Lack of access to cultural activities within the dominant culture
- Poor reading skills
- Experiences frequent absenteeism
- Experiences difficulty staying on task

A student who has been diagnosed with ADD/ADHD qualifies for using the disadvantaged criteria as defined in the regulations.

Date of diagnosis: \_\_\_\_\_ Person making diagnosis: \_\_\_\_\_

Is documentation of the diagnosis available? \_\_\_ Yes \_\_\_ No

**Prather-Humble Checklist**

Student's Name: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Does the child speak English as a second language? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this child have speech or hearing problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this child wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this child use a hearing aid? Yes \_\_\_\_\_ No \_\_\_\_\_

Does this child take medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE CHECK ALL THAT APPLY:

**CONCENTRATION**

- Has a hard time sitting still
- Concentration broken when people are moving around
- Usually asks you to repeat directions
- Needs quiet to work
- Can concentrate no matter what is happening

**WORKING PACE**

- Tasks completed slowly and methodically
- Tasks completed at an average rate
- Tasks completed quickly

**CUES TO THINKING STYLE**

- Uses figures of speech in conversation
- Reads a lot
- Pays attention to details
- Is better at science and math than reading
- Chooses to work puzzles or play board games

**SHYNESS**

- Painfully shy
- Average
- Extremely Talkative

Carries on conversations easily with:

- Peers
- Teachers
- Other Adults

**EXHIBITS PROBLEM SOLVING STRATEGIES BY:**

- Telling you how to do it
- Showing you how to do it
- Writing about how to do it
- Building it
- Drawing it

**OTHER COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

1. Parent(s) or eligible student may request, in writing to the principal, an appointment to inspect and review contents of the student's education records. Appointment must be granted within forty-five (45) days of request.
2. Parent(s) or eligible student may request, in writing to the principal, that a school correct records believed to be inaccurate or misleading. If the school refuses to change the records, the parent(s) or eligible student may request, in writing to the principal, a formal hearing. After the hearing, if the school still refuses the correction, the parent(s) or eligible student has the right to put a note in the record explaining his or her concerns.
3. Parent(s) or eligible student may review the student's record on request. Copies of a student's permanent records may be obtained for a fee of \$2.00. All other materials in the student's cumulative folder may be copied for 50 cents per page.
4. Educational records may not be released to a third party without the written consent of parent(s) or the eligible student. The following exceptions are legal:
  - a. School employees
  - b. Other schools to which a student is transferring
  - c. State or federal officials for audit purposes or for reporting information required by state statute
  - d. Financial aid officials in connection with a student's application for aid
  - e. Educational agencies for developing, validating, and administering predictive tests or studies if such information will not permit identification of individual students
  - f. Appropriate persons who need information to protect health and safety of students
  - g. Parents of a student over eighteen (18) who is still a dependent
5. A record of individuals requesting access to the educational record of each student will be maintained in each school building. The record will contain the signature, the date, and the reasons for needing access and will be available for parents' review upon request.
6. Parent(s) or eligible student may request, in writing within thirty (30) days of the first official school day of the year, that identifiable information regarding the student be deleted from school publications.
7. The school will release directory information concerning students, unless the registrar is requested in writing not to do so. Requests from colleges, military organizations, prospective employers, and other legitimate groups may be honored.