



Mobile County
PUBLIC SCHOOLS

P. O. Box 180069
Mobile, Alabama 36618

Second Grade Child-Find

Your child may have come home talking about the wonderful lessons that each second grade class has been participating in with the school's gifted specialist (PACE teacher) during 1st Semester. This is all part of a unique process that is called Second Grade Child-Find. Second Grade Child-Find is a statewide initiative used to identify students who need specialized services in order to meet their unique cognitive and affective learning needs.

The Second Grade Child-Find Process:

- First Semester
 - o The gifted specialist visits the 2nd Grade classroom to conduct lessons that foster gifted/creative traits and behaviors.
 - o Multiple performance samples are gathered in the areas of creative thinking, creative writing, figural analogies, and achievement in reading and math.
- Second Semester
 - o A team of teachers who know and work with the child collaborate and summarize each student's strengths on a gifted characteristics rating scale in the areas of motivation, humor, reasoning, leadership, imagination/creativity, insight, interests, problem-solving, inquiry, and communication.
 - o Each second grade student is given a nonverbal aptitude screening assessment in a group setting.
 - o Based on careful consideration, data collected from the non-verbal screening assessment, performance samples gathered, and a summary of demonstrated gifted characteristics, a decision is made whether to refer a child for the gifted education program.
 - o Identified gifted students will begin receiving gifted education (PACE) services through pull-out services in the third grade.



It Starts with Us!



SECOND GRADE GIFTED CHILD FIND PROCEDURES

"There is something that is much more scarce, something rarer than ability. It is the ability to recognize ability." Robert Half

During the first semester, second-grade teachers (and other staff who might come in contact with second graders) will observe the students in their classrooms and note any gifted behaviors. Following the observation period, teachers will complete the forms described below and turn them in to their school's *Gifted Referral Screening Team (GRST)* or gifted specialist. **The GRST will begin the referral process on each student that appears in the top two boxes on the *Second Grade Child Find Quadrant Form*.**

This packet includes:

- *General Procedures To Be Followed in Observing Students and In Recording Information About Them.* These pages (1 & 2) include tips for observers and instructions for following the procedure.
- Page 3 & 4 contain the directions for completing the *TABs* and an explanation of the ten traits/aptitudes/behaviors that you will be looking for in your students. This list contains ten of the most common gifted behavior characteristics. Teachers should familiarize themselves with these characteristics.
- Page 5 includes the roster for recording names of all students and boxes to indicate their rating for each characteristic.
- Page 6 is the *Second Grade Gifted Child Find Quadrant Form*. Teachers are to enter each child's name in one of the four areas provided.

GENERAL PROCEDURES TO BE FOLLOWED IN OBSERVING STUDENTS AND IN RECORDING INFORMATION ABOUT THEM

Observational Procedures:

Give each child equal consideration on each behavior characteristic. This point is most important. When you observe students for a specific behavior characteristic, be careful not to overlook anyone in the group. Be aware of your biases: Everyone is biased for or against certain students. This is as natural as liking or disliking certain foods, clothes, or sports. The important thing is to recognize your biases and make allowances for them. If you like a student, you may see more good qualities in him/her than he/she actually has. On the other hand, if you find it hard to like a student, you may find it difficult to see good qualities in him/her.

"To see things in seed, that is genius." Lao-tzu

NOTE: THE TABS, OR TRAITS, APTITUDES, AND BEHAVIORS, ARE TEN ATTRIBUTES DERIVED FROM THE LITERATURE ON GIFTEDNESS AND ARE PRESENTED AS REPRESENTATIONS OF BASIC CORE ATTRIBUTES ASSOCIATED WITH THE GIFTEDNESS CONSTRUCT (FRASIER, HUNSAKER, LEE, MITCHELL, CRAMOND, KRISSEL, GARCIA, MARTIN, FRANK, FINLEY, 1995).

“The same qualities may look different in different contexts—copper looks and behaves very differently when it is combined with oxygen instead of sulfur. But it does not cease to be copper” (Raven, 1992).

Filling in the Roster:

1. List the names of all students in your class on the roster found on page 5.
2. Familiarize yourself with the traits/aptitudes/behaviors listed on page 3 or 4.

Observe students during the first semester to see which students demonstrate the behaviors listed. While observing your class, please consider one category at a time. Compare each student with other students in your class from the same experience/environment. Therefore, most students will be Average (3); a few will be Above Average (4) or Weak (2). Usually only one student will earn a Superior (5) or Developing (1). For example, you will give a 5 to the student in your class that demonstrates the *most* Motivation. The two or so students who are next in line when considering motivation will receive a 4. Most other students will receive a 3. Then you will move on to the category of Interests and follow the same pattern.

Most classrooms follow a bell-shaped curve. Unless you are teaching a cluster class (6-8 of the highest achieving students in the grade level have been clustered in your homeroom) you should only have one or two students per category who would be assigned a Superior (5).

3. It is recommended that you ask other staff (e.g., physical education teacher, library/media specialist, guidance counselor, art or music teacher, enrichment teacher) who know your students for their observations. By soliciting their assistance this important activity becomes a “team” approach, and allows for multiple perspectives to be considered. Many schools invite all their support staff to a grade level meeting so that they can contribute to the TABs.
4. As you consider each child, keep in mind the basic observational procedures described above.
5. Please total the points across on the *TABs Classroom Observation Form*.
6. The final step of the Child Find process is to use the information gleaned from completing the observations and the *TABs Classroom Observation Form* to complete the *Second Grade Gifted Child Find Quadrant Form*. Read the statements in the quadrants, and enter each child’s name in one of four areas.

“GIFTEDNESS IS A CONCEPT OR PSYCHOLOGICAL CONSTRUCT, NOT A TRAIT OF A PERSON. WE DO NOT MEASURE GIFTEDNESS DIRECTLY AS WE WOULD TALLNESS. INSTEAD WE INFER GIFTEDNESS BY OBSERVING CERTAIN CHARACTERISTICS OR BEHAVIORS OF INDIVIDUALS. OUR INFERENCES ABOUT GIFTEDNESS WILL BE ACCURATE TO THE EXTENT THAT THE CHARACTERISTICS OR BEHAVIORS WE CHOOSE TO OBSERVE ARE RELEVANT TO THE CONSTRUCT AND ARE VALIDLY AND RELIABLY APPRAISED” (HAGEN, 1980, P.1)



SETS

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.

<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.



SETS

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.

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:

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

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

3 _____ at _____.
SCHOOL OR SCHOOL SYSTEM CONTACT TELEPHONE NUMBER

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* form may be modified. One modification recommendation is to copy this form on school or district letterhead.

NOTIFICATION OF ELIGIBILITY AND PLACEMENT

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

1

STUDENT'S NAME

was made:

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 form* 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 approved 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

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

2 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 form* 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

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
- | | |
|--|--|
| <input type="checkbox"/> general education classroom
(see curricular options) | <input type="checkbox"/> resource room pull out program
(see program description) |
| <input type="checkbox"/> cluster grouping in the general education classroom
(see curricular options) | <input type="checkbox"/> content area class taught by gifted specialist
(see program description) |
| <input type="checkbox"/> 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

- | | | |
|---|---|---------------------------------|
| <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.)

5

GEP Committee Members

Signatures of those in attendance at this meeting held on _____ Date

6 TEACHER _____

STUDENT _____

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* form 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 Grades 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 Grades 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] for 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 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**

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
5	_____	_____	_____	_____
	_____	_____	_____	_____

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 Nonverbal IQ
TONI 4										NAI
NNAT2/NNAT3 (N-J) NNAT-I										Total
(OS) OLSAT	Verbal	Nonverbal								SAI
(S) Slosson SIT-R3										

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 Total Nonverbal IQ Composite NAI Composite CIX
(BVAT) BVAT										
(CT) C-TONI2	Pictorial	Geometric								
(K) KAIT	Crystallized	Fluid								
(N-J) NNAT-I										
(RIAS) RIAS	Verbal VIX	Nonverbal NIX								
(SB5) SB-5	Verbal IQ	Nonverbal IQ	ABIQ	Experimental Composite	Experimental Composite nonverbal	Knowledge	Fluid Reasoning	Quantitative	Visual Spatial Processing	Full Scale National Index Percentile Verbal Average Standard Score
(TF) Torrance Figural										
(TV) Torrance Verbal										
(U) UNIT2			Abbreviated Battery				Reasoning	Quantitative		Full Scale Battery
(WAIS) WAIS IV	Verbal VIX	Performance PIX								FSIQ
(WASI) WASI II	Verbal VCI	Nonverbal PRI								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.)

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

Name

Date above decision was made: _____

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.

- | | |
|---|--|
| <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 and bring structure to things, people</p> <p>___ 15. Generates many ideas, solutions</p> <p>___ 16. Has an unusual memory for past experiences</p> |
|---|--|

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 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) 242-8114.

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