

Help Document For Gifted Referral & Eligibility Process



Alabama State Department of Education
Office of Instruction
Special Education Services: Gifted Education
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DEFINITIONS AND ACRONYMS

- **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 Screening 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 (2GCF):**
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.

AAC – *Alabama Administrative Code*

ALSDE – Alabama State Department of Education

CogAT – *Cognitive Abilities Test*

CTONI-2 – *Comprehensive Test of Nonverbal Intelligence, Second Edition*

GEDT – Gifted Eligibility Determination Team

GEP – Gifted Education Plan

GRST – Gifted Referral Screening Team

GRTL – Gifted Referral Tracking Log

IQ – Intelligence Quotient

K-BIT2 – *Kaufman Brief Intelligence Test, Second Edition*

KTEA-II – *Kaufman Test of Educational Achievement, Second Edition*

LEA – Local Education Agency

NNAT3 – *Naglieri Non-Verbal Ability Test, Third Edition*

OLSAT – *Otis-Lennon School Ability Test*

PSSP – *PowerSchool Special Programs*

RIAS-2 – *Reynolds Intellectual Assessment Scales, Second Edition*

SB-5 – *Stanford-Binet Intelligence Scales, Fifth Edition*

SIS – Student Information System

SIT-4 – *Slosson Intelligence Test – Fourth Edition*

SSID – State Student Identification

TABs – Traits, Aptitudes, Behaviors

TTCT – *Torrance Test of Creative Thinking*

WISC-V – *Wechsler Intelligence Scale for Children, Fifth Edition*

PURPOSE AND GENERAL INFORMATION

This document is intended to provide guidelines and guidance when considering referrals, completing the referral to eligibility process, and entering data into the student data management system. The *LEA Plan for Gifted* for each 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.

Gifted students in Alabama are defined as follows: “Intellectually gifted children and youth are those who perform or who have demonstrated the potential to perform at high levels in academic or creative fields when compared with others of their age, experience, or environment. These children and youth require services not ordinarily provided by the regular school program. Children and youth possessing these abilities can be found in all populations, across all economic strata, and in all areas of human endeavor.” AAC 290-8-9.12 (1).

A student may be referred for consideration for gifted services by teachers, counselors, administrators, parents or guardians, peers, self, and other individuals with knowledge of the student’s abilities. Standard referrals may occur at any time for students six years of age and older. Parents must be informed when students are referred. AAC 290-8-9.12 (2d).

The referral must consider multiple criteria, must be conducted by a team of at least three individuals (including someone knowledgeable about the student, someone knowledgeable about gifted and someone able to interpret the assessment information).

To qualify for gifted services, a student must be evaluated and meet criteria as outlined in the eligibility determination of the AAC. AAC 290 – 8-9.12 (5).

The ALSDE requires two forms to be completed in PSSP:

- Referral Form for Gifted Services.
- Gifted Screening/Eligibility Determination Form.

These forms must be completed in PSSP 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 PSSP, that is the option of the LEA, and you must follow the procedures.

All forms must be maintained in the hard copy folder at the LEA, including forms with original signatures and all data collected and used on the *Gifted Eligibility/Screening Determination Form*. Both sets of forms (electronic and paper) must contain the same information. Whatever is entered into PSSP must be on the paper forms in the hard copy folder at the LEA and what is on the paper forms must be the same information found in PSSP.

If you have questions about the referral to eligibility process, please contact the ALSDE Gifted Specialists at 334-694-4782.

STARTING THE REFERRAL

The referral, eligibility and service forms are found in PSSP under Documents: Gifted section. Users may bookmark forms in order of the referral process. The Gifted forms which can be downloaded from the ALSDE Gifted website are in order of the referral process.

Before documents can be created for a student in the referral process, the student must have a profile in PSSP. A student's profile will need to be imported from General Ed Students. 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.



NOTE: There are always exceptions.

- **If the student is not identified under IDEA, make sure the gifted specialist is the case manager.**
- **If the student has a status of Referred or Active under IDEA, the Case Manager and status remain the same. Consult with your coordinator if you have questions.**

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 <i>Rights in Gifted Education</i> forms.	Consent received by LEA: 5
Date sent to parent: 4	THIS DATE BEGINS THE 90-DAY TIMELINE FOR STANDARD REFERRALS
	CHECK HERE IF CONSENT DENIED 6

Student's Legal Name: _____ Source of Referral: _____ } 7

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 SCREEN STUDENTS USE THIS BOX

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 student's 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.

SYSTEMS THAT DO NOT SCREEN STUDENTS USE THIS BOX.

Signatures of team members:

(Three signatures required)

NAME

Date above decision was made:

13

POSITION

14

REFERRAL FORM FOR GIFTED SERVICES DIRECTIONS

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 PSSP. 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 forms will have original signatures of the GRST.

Box 1	School. Populates from the SIS.
Box 2	Teacher. Enter manually. Enter the name of the classroom teacher, or home room teacher, of the student.
Box 3	Grade. Populates from the SIS.
Box 4	Date sent to parent. This section of the form reminds you to send home the <i>Notification and Consent for Gifted Screening</i> and a copy of the <i>Rights in Gifted Education</i> form. In this section, you record the date that you sent these two forms to the parent. You should not proceed with this referral until the <i>Notification and Consent for Gifted Screening</i> 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.

Box 5	Consent Received. Enter the date on the line at Box 5 , that you, the gifted specialist, receive the <i>Notification and Consent for Gifted Screening</i> form in your hand. This date also begins the 90-day timeline for standard referrals and therefore is the referral Date. (Remember, the timeline for Second Grade Child Find referrals is by 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 Box 6 and progress to Box 7 .
	If parents return the <i>Notification and Consent for Gifted Screening</i> form indicating that they do NOT wish for their child to be referred, progress to Box 6 .
Box 6	Consent Denied. If the parent declines to consent, check the box that states, "Check Here if Consent Denied." Then proceed to Box 13 to complete the form.



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 in **Box 5**.

Box 7	Demographics. Populates from the SIS. Click on the drop down (v) sign for Source of Referral to select who referred the child.
Box 8	Aptitude Test Selection. The committee must complete this part of the form. Information may be provided by other school personnel 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 to consider when determining the most appropriate individually administered test by the psychometrist.

Box 9	Factors. The options of this section will auto populate depending on the whether any of the items have been selected.
Box 10	Referral Data. The section reminds you of the various types of data and information that you need to collect for screening/eligibility (e.g., 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. Do not use subscales from the TABs 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 if each represents different domains or areas of strength.
Box 11	<p>Systems that Screen. The section 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 <i>Referral Form for Gifted Services</i> at this point. You should proceed to the <i>Gifted Eligibility/Screening Determination Form</i> to determine if the student passes screening (see note below). Then return to the <i>Referral Form for Gifted Services</i> to check the appropriate selection and complete the form.</p> <p>Systems that screen must record the GRST’s decision regarding the referral. Enter the screening score (located in your state approved <i>LEA Plan for Gifted</i>) on the blank if the GRST checks the first or second item in this section.</p>

NOTE: Each LEA determines how many points (14 points maximum) are required for a student to pass screening and submits it as part of the *LEA Plan for Gifted*. The ALSDE must approve the LEA Plan or changes to the Plan before the practices are implemented.

	<p>If the student does not earn the required points to pass screening, you will check and complete the statement: <input type="checkbox"/> The matrix score was less than (<u>Screening score</u>) points therefore the student does not pass screening.”</p> <p>If the student does earn the required points to pass screening, check and complete the statement: <input type="checkbox"/> The matrix score fell between (<u>Screening score</u>) 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.</p> <p>If the student has earned 17 points, the following statement will be checked: <input type="checkbox"/> The matrix score was 17 points or greater, therefore the eligibility matrix should be applied.”</p>
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NOTE: The TTCT does not have to be administered or scored by a psychometrist. Anyone who has received training can administer and score this creativity test.



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

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

Box 12	Systems that <u>DO NOT</u> Screen. If your LEA <u>does not</u> screen, continue to Box 13 .
Box 13	Date of Decision. Enter the date the GRST met on the “Date above decision was made _____.”
Box 14	Team Members. Enter the names and positions of the GRST.

Finalizing the Form

In PSSP, select the “Gifted Referral Status” option “Ready for Screening/Eligibility” from the drop-down menu. Then, select “Save, Done Editing”. Then select “Set Document...” and choose “Status from Draft to Final,” select **Accept**. 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 PSSP.
- This form cannot be completed and closed without the “Date above decision was made,” the “Consent received by LEA” and the Gifted Referral Status entered.
- 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, on the “Date above Decision was Made.”
- Add the names and positions of the GRST.
- Change the Gifted Referral Status to “Other” and enter “Consent Denied.”
- Click “Save, Done Editing.”
- Select “Set Document...” and change the “Status from Draft to Final.”
- Click “Accept.”
- Print the form and have the GRST sign the form.
- When a parent does not respond to the Notification form, document your attempts as an Event. Click on the Events tab and select “New Event.” Enter the information and click “Accept.” Use the date of the last attempt, as the date the Notification form was received and continue to follow the above directions.

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 _____ at _____.

3

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? _____

4

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> |
|---|--|

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

NOTIFICATION AND CONSENT FOR GIFTED SCREENING FORM DIRECTIONS

Systems that screen and systems that do not screen will use the *Notification and Consent for Gifted Screening* form.

When parents sign this form, they are giving permission for the administration of any assessments that **may** be needed, including IQ/aptitude tests.

Box 1	Student Name. The student’s name populates from the SIS. You will need to indicate to whom the form should be returned.
Box 2	Contact Person. 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.

The next four sections, **Box 3**, **Box 4**, **Box 5**, and **Box 6** are for parents to complete.

Box 3	Demographics: This section asks for demographic information and other data that may be helpful to you in completing the referral process.
Box 4	Characteristics: A checklist for parents to provide input concerning their child’s characteristics.
Box 5	Parental Input: Provides parents the opportunity to list on the back of the <i>Notification and Consent for Gifted Screening</i> 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	Permission: Requires parents to check whether 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 sections (Box 3, 4 and 5) with demographic information and other data. If contact information changes, please share the new information with your school office to keep all records updated.

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* form 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.

Finalizing the Form

- You will then choose “**Save, Done Editing,**” then “**Set Document...**” and select “**Status from Review to Final.**”
- 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.

RIGHTS IN GIFTED EDUCATION

- The information on the top line, Student Name and School will automatically populate.
- You will need to enter the teacher in the “**Teacher box.**”
- 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.

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.

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.

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

NOTIFICATION OF GIFTED REFERRAL SCREENING TEAM DECISION

REFERRAL SCREENING DATE: _____

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*

_____ STUDENT'S NAME

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 _____.
SCHOOL OR SCHOOL SYSTEM CONTACT TELEPHONE NUMBER

GIFTED ELIGIBILITY/SCREENING DETERMINATION FORM

1

2

3

4

5

Name: _____ DOB: _____ State Student ID Number: _____ GRADE: _____ Race: _____

Section I Automatic Eligibility

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 *Torrance Test of Creative Thinking* is at or above the 97th national percentile.

Test Administered _____ Score _____ 9

Aptitude Tests Administered											
TESTS USED	E	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
7											
	29					8					

10

Section II Matrix Eligibility

	TEST/SUBSCALE/ITEM	SCORE	POINTS EARNED
APTITUDE	11	12	13
CHARACTERISTICS Any subscale score may be used	Instrument INDICATORS		
	14	16	17
	15		
PERFORMANCE *Point Conversion Chart:	18		
	19	21	23
	20		
		22	24

Points Earned = Rounded Points
 15 = 10
 14 = 09
 13 = 09
 12 = 08
 11 = 07
 10 = 07
 09 = 06
 08 = 05
 07 = 05

If behavior rating scale scores are used, choose any score except Intellectual and Academic Aptitude

Points Chart	5	4	3	2	1	0
APTITUDE						
Individual Test or OLSAT/NNAT	129+-127	126-124	123-121	120-118	117-115	<115
K-BIT, Slosson	145+	144-141	140-137	136-133	132-129	<129
Torrance Test	96-5%ile	94-92%ile	91-90%ile	89-87%ile	86-5%ile	<85%ile
CHARACTERISTICS						
Hawthorne (GES)	15+	14	13	12	11	<11
GATES	121+	120-111	110-90	89-80	79-70	<70
Renzulli						
TABs						
ACHIEVEMENT						
Total Reading, Math, Science, Language, Social Studies, or Total Battery.	99-97	96-94	93-91	90-88	87-85	<85

Referral Source: _____ 25 Referral Date: _____ 26

SCREENING DECISION _____ YES _____ NO 27
 (For systems that screen only)

ELIGIBILITY DECISION _____ YES _____ NO 28
 (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: _____ 30
 (Do not use this box for Screening. Return to Referral form to sign and date.)

Signatures of Team Members _____ 31
 (Three signatures required)

Position

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 **GRTL**. Information omitted from this form will result in its omission from the GRTL report.

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 fields that will auto populate from the SIS:	
Box 1	Student Name.
Box 2	Date of birth.
Box 3	SSID number.
Box 4	Grade.
Box 5	Race.

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.

Box 6	Aptitude Tests Administered. Begin with this section located at the top right of the form.
Box 7	Tests Used. You may list up to three tests.
Box 8	Scores. Enter corresponding scores, from the tests entered in Box 7 .

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 GRTL. The *Gifted Screening/Eligibility Determination Form* will not complete and close without at least one test and score(s) entered in the Aptitude Tests Administered Section.

<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

Then proceed to Section I (**Box 9**) or Section II (**Box 10**) 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.

Box 9	Section I Automatic Eligibility. Enter the name of the test and the total score by clicking on the drop down (v) sign.
	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 NNAT3, CogAT, and OLSAT). 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 th national percentile on the TTCT.

NOTE: Gifted specialists must be trained to administer and to score the TTCT.

Box 10	Section II Matrix Eligibility. This is used for students who meet the criteria below.
	The student does not need an individually administered (by psychometrist) I.Q. test.
	The student earned 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.

Box 11	Aptitude Section. You may use group tests, screeners, the TTCT or individually administered I.Q. tests. Enter the name of the test at by clicking the drop down (v) sign.
Box 12	Aptitude Test Score. Enter the highest score, if more than one test was given.
Box 13	Aptitude Points Earned. Use the Points Chart to the right of the Matrix to determine Points Earned and enter them here.

REMEMBER: Only total scores on group tests or screeners (OLSAT, CogAT, K-BIT2, NNAT3, Slosson-SIT-4, 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-V. The acceptable factor scores for IQ tests are listed in the chart on page 14.

Box 14	Characteristics Section. Enter the name of the observation scale instrument by clicking on the drop down (v) sign.
Box 15	Observation Instrument Subscale. Enter the Subscale. 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. Whatever subscale score is used in this section, it may not be used again in the Performance Section.
Box 16	Observation Scale Score. Enter the score on the line.

Box 17	Observation Scale Points Earned. Use the Points Chart to the right of the Matrix to determine points earned. Enter the points earned.			
	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	(L) Leadership	(R) Reasoning	(AA) Academic Aptitude
	(C) Creativity	(M) Motivation	(Q) Inquiry	(CS) Communication Skills
	(H) Humor	(N) Interests	(S) Super-sensitivity Ability	(PS) Problem-solving
	(I) Intellectual	(O) Other	(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.

Box 18	Performance Section 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 (v) sign to select the name of the performance indicator.
Box 19	Repeat the steps from Box 18.
Box 20	Repeat the steps from Box 18 again.
Box 21	Enter points earned for each performance indicator at Box 21 . <u>DO NOT USE SUBSCALE SCORES FROM THE TABs.</u>

Products: Up to three Products or Work Samples may be used if 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	(W) Work Sample	(VP) Visual & Performing Arts

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 the 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)
(NNAT3)	NNAT3				NAI (S10)
(S)	Slosson (SIT-4)				SAI (S10)

PLACEMENT TESTS

NOTE: Memory factor scores must **NOT** be used from any test or Processing Speed from the 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 psychometrist. The **ONLY** exception is the Torrance Test of Creative Thinking, which may be administered and scored by someone who has received training.

(WISCV)	WISC V	Verbal Comprehension (S1)	Nonverbal (S2)	Fluid Reasoning (S7)	
		Quantitative (S8)	Visual Spatial (S9)		Full Scale or GAI (S10)
(WNV)	Wechsler Nonverbal				Total Score (S10)
(SB5)	SB-5	Verbal IQ (S1)	Nonverbal IQ (S2)	ABIQ (S3)	
		Experimental Composite (S4)	Experimental Composite Nonverbal (S5)	Knowledge (S6)	
		Fluid Reasoning (S7)	Quantitative (S8)	Visual Spatial Processing (S9)	Full Scale IQ (S10)
(RIAS)	RIAS-2	Verbal- VIX (S1)	Nonverbal – NIX (S2)		Composite – CIX (S10)
(WAIS)	WAIS-4	Verbal – VIX (S1)	Performance- PIX (S2)		Full Scale (S10)
(N-I)	NNAT-I				Total Score – NAI (S10)
U2	UNIT-2	Reasoning (S1)	Standard Battery without Memory (S5)	Quantitative (S8)	Full Scale Battery (S10)
(A2)	KABC-2 (NU)	Knowledge/Crystallized Ability (S1)	Simultaneous/Visual Processing (S2)	Planning/Fluid Reasoning (S3)	
		Nonverbal Index (S4)	MPI (S5)		FCI (S10)
(CT)	CTONI-2	Pictorial (S1)	Geometric (S2)		Nonverbal (S10)
(TF)	Torrance Figural				National Creativity Index Percentile (S10)
(TV)	Torrance Verbal				Verbal Average Standard Score (S10)
(O)	Other	Your PSSP 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.			

Box 22	Performance Points. Points earned for the Performance Indicators section of the matrix are calculated by PSSP.
Box 23	Performance Rounded Points. The Rounded Points, calculated from the Points earned, are also calculated by PSSP. To ensure accuracy, refer to the Performance Conversion Chart on the left side of the matrix.



PSSP will calculate the Performance Area Points and the Total Points Earned.

Box 24	Total Points Earned. The Total Points Earned will be calculated by PSSP. Clicking on Save and Continue Editing will refresh the points earned.
Box 25	Referral Source. You will record the Referral Source. This data should match the <i>Referral Form for Gifted Services</i> .

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.

Box 26	Referral Date. Enter the Referral Date. This data is also entered on the <i>Referral Form for Gifted Services</i> as the date Consent Received by LEA. Both forms must contain the Referral Date.
Box 27	Screening Decision. The “ 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 REFERRALTRACKING LOG.

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

Box 28	Eligibility Decision. On the Eligibility Decision, 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. Below the Eligibility Decision (Box 28) you are reminded that a student can be eligible with a total of 17 or more points or by meeting the Automatic Eligibility criteria.
---------------	--

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.

Box 29 E Column. Once eligibility has been determined, return to the **Aptitude Tests Administered** section of the form. The **“E” box** 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 PSSP 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., NNAT3, CogAT, OLSAT 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.



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.

Aptitude Tests Administered											
TESTS USED	E	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10
NNAT 3	(none)										120
SB-5	Yes	134	113	124	112	120	124	115	112	109	126
Torrance Figural	(none)	120	112								118

Box 30 Date of Eligibility Meeting. At enter the date that this form was completed, the date the GEDT met, click Save, Done Editing, then click Set Document **“Status from Draft to Final,”** and print the form and obtain signatures from the GEDT.

Box 31 Signatures of Team Members. Include the names and positions of the GEDT on the form. Be sure to enter the date **before** printing this form. You must finalize 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.



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

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.

Box 1	Student Name. The student's name will auto populate in PSSP.
Box 2	Student Name. The student's name will auto populate in PSSP.
Box 3	Decision Date. Enter the date the decision was made.
Box 4	Not Eligible. Check the area at to show the student is not eligible.
Box 5	Contact Information. At 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 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** 1

STUDENT'S NAME

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 2 was made on 3.

STUDENT'S NAME

DATE

Student is not eligible for gifted services at this time. 4

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

_____ at _____ 5

SCHOOL OR SCHOOL SYSTEM CONTACT

TELEPHONE NUMBER

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.

Box 1	Student Name. The student's name will auto populate in PSSP.
Box 2	Decision Date. Enter the date the decision was made.
Box 3	Eligible. Check the area at to show the student is eligible for gifted services.
Box 4	Contact Information. 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 5	Placement Decision. The parent will complete. He or she will indicate if placement is/is not approved and will then sign and date the form. You must have this signed form before you can begin services.

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

_____ was made on _____.

STUDENT'S NAME 1 DATE 2

3

Student *is eligible* for gifted services.

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

_____ by _____.

DATE 4

- I approve placement in the gifted program. 5
- I do not approve placement in the gifted.

PARENT SIGNATURE DATE

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 GEP meeting.

Box 1	Student Name. The student's name will auto populate in PSSP.
Box 2	Meeting Information. Mark the type of meeting, individual or group, and enter the date, time and location of the GEP meeting.
Box 3	Meeting Options. The parent will complete. The parent will indicate if he/she can/cannot attend the meeting or would like to reschedule the meeting.
Box 4	Contact Information. Make sure you complete 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 (<i>Gifted Eligibility Determination Form</i>).

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: _____

LOCATION: _____

2

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:

_____ DATE

_____ TIME

_____ DATE

_____ TIME

_____ PARENT SIGNATURE

_____ DATE

Return this form to _____ at the following location _____

4

GIFTED EDUCATION PLAN

1 NAME _____ GRADE _____ SCHOOL _____
 IMPLEMENTATION GRADES FROM: _____ TO: _____

Transportation

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

Placement Options for Gifted Services (check any that apply)

- 3
- | | |
|---|--|
| <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"/> general education classroom
(see curricular options) | <input type="checkbox"/> resource room pull-out program
(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

If items are checked, attach Accommodations Page with General Education teacher's signature each year.

- 4
- | | | |
|--|--|--|
| <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

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

6

TEACHER _____	STUDENT _____
PARENT _____	OTHER _____

GIFTED EDUCATION PLAN FORM DIRECTIONS

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.

Box 1	Student Information and Implementation Grades. The student information which includes name, grade, school will be auto populated in PSSP. Enter the Implementation Grades: From and To areas. 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.
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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.

Box 2	Transportation. Enter if the student must ride a bus 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.
Box 3	Placement Options for Gifted Services. This section 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.

Box 4	Curricular Options. Mark all 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.
Box 5	Program Description. 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.
Box 6	GEP Committee Members. Everyone who attends the GEP meeting should sign the form. 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 Alabama State Department of Education 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 of the requirement.

3 **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:

- 4**
- Student will compact in the following subject(s): _____
 - Student may complete independent projects in lieu of chapter work, when appropriate.
 - Student will complete alternate assignments when appropriate (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
_____	_____
_____	_____

ACCOMMODATIONS FOR GIFTED STUDENTS IN THE GENERAL EDUCATION CLASSROOM FORM DIRECTIONS

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

Box 1	Student Information. Complete the student information. Enter the student's name, current grade level and the school year in which these accommodations will be in place.
Box 2	Rationale. This section 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 AAC and must be followed.

Box 3	Special Circumstances. This section 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.
Box 4	Accommodations. This section is for accommodations that will be made <i>in</i> 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.
Box 5	Signatures. Print this page and obtain signatures. 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.

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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
NNAT3 (N-I) NNAT-I										NAI
(OS) OLSAT	Verbal	Nonverbal								Total
(S) Slosson SIT-4										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 (NU)	Knowledge/Crystallized Ability	Simultaneous/Visual Processing	Planning/Fluid Reasoning	Nonverbal Index	MPI					FCI
(BVAT) BVAT										Total
(CT) C-TONI2	Pictorial	Geometric								Nonverbal IQ
(N-I) NNAT-I										
(RIAS) RIAS-2	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
(U2) UNIT 2			Reasoning		Standard Battery w/o Memory			Quantitative		Full Scale Battery
(WAIS) WAIS-4	Verbal VIX	Performance PIX								Full-Scale
WISC V	Verbal Comprehension	Nonverbal					Fluid Reasoning	Quantitative	Visual Spatial	Full Scale or GAI
WNV										Total Score
OTHER	Your PSSP 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.									

