

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 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)

Date above decision was made: _____

NAME

POSITION

NOTIFICATION AND CONSENT FOR GIFTED SCREENING

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

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

Student's Legal Name/First _____ Middle _____ Last _____

Student's Current Address _____ City _____ Zip _____

Date of Birth ____/____/____ Race _____ Home Phone # _____

Mother's Name _____ Work Phone # _____

Father's Name _____ Work Phone # _____

Language Spoken at Home _____ Does your child wear glasses? YES ____ NO ____

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

If yes, when and where? _____

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

What type? _____

Please check the items that characterize your child.

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

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

My signature indicates that:

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

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

Parent/Guardian

Signature _____ Date _____

RIGHTS IN GIFTED EDUCATION

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

Student Name: _____ School: _____ Teacher: _____

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

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

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

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

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

GIFTED ELIGIBILITY/SCREENING DETERMINATION FORM

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

Section I Automatic Eligibility					Aptitude Tests Administered													
A student is automatically eligible if the total/composite score on an aptitude test (required to be administered by a psychometrist) is 130+, or the national percentile score of the Torrance Test of Creative Thinking is at or above the 97 th national percentile. Test Administered _____ Score _____					TESTS USED	E	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10		
Section II Matrix Eligibility					Points Chart		5	4	3	2	1	0						
APTITUDE	TEST/SUBSCALE/ITEM		SCORE	POINTS EARNED	APTITUDE													
CHARACTERISTICS Any subscale score may be used	Instrument INDICATORS	Subscale			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							
PERFORMANCE *Point Conversion Chart: Points Earned = Rounded Points 15 = 10 14 = 09 13 = 09 12 = 08 11 = 07 10 = 07 09 = 06 08 = 05 07 = 05	INDICATORS		POINTS	ROUNDED POINTS:*	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							
							National	%ile	Scores									
Referral Source: _____ Referral Date: _____					Date of Eligibility Meeting: _____ (Do not use this box for Screening. Return to Referral form to sign and date.)													
SCREENING DECISION _____ YES _____ NO (For systems that screen only)					Signatures of Team Members _____ Position _____ (Three signatures required)													
ELIGIBILITY DECISION _____ YES _____ NO (Student is eligible with a total of 17 points OR by meeting Automatic Eligibility criteria. A student may not be determined <i>ineligible</i> with an aptitude assessment that is considered a screener)					_____ _____ _____													

NOTIFICATION OF GIFTED REFERRAL SCREENING TEAM DECISION

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

NOTIFICATION OF ELIGIBILITY DETERMINATION 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 DATE

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 program.

PARENT SIGNATURE

DATE

NOTIFICATION OF ELIGIBILITY DETERMINATION TEAM DECISION

The Eligibility Determination Team spent many hours collecting and carefully reviewing information and assessment results for your child. Data was considered from a variety of sources in the areas of aptitude, characteristics, and performance indicators. According to the state **Matrix for Screening/Eligibility Determination** _____ does not meet the
STUDENT'S NAME

requirements at this time to be determined eligible for gifted services.

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

The following determination regarding _____ was made on _____.
STUDENT'S NAME DATE

Student is not eligible for gifted services at this time.

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

_____ at _____.
SCHOOL OR SCHOOL SYSTEM CONTACT TELEPHONE NUMBER

NOTICE OF PROPOSED MEETING FOR GIFTED

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

_____.
STUDENT'S NAME

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

LOCATION: _____

Please check one of the following:

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

DATE

TIME

DATE

TIME

PARENT SIGNATURE

DATE

Return this form to _____ at the following location _____.

GIFTED EDUCATION PLAN

NAME _____ GRADE _____ SCHOOL _____

IMPLEMENTATION GRADES FROM: _____ TO: _____

Transportation

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

Placement Options for Gifted Services (check any that apply)

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

- | | | |
|--|--|--|
| <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

TEACHER _____

STUDENT _____

PARENT _____

OTHER _____

GEP ATTACHMENT
ACCOMMODATIONS FOR GIFTED STUDENTS
IN THE GENERAL EDUCATION CLASSROOM

Student _____ Grade _____ School Year _____

Students who are participating in gifted or enrichment programs have needs that require instruction to take place outside the general education classroom. Research has shown that they usually do not require as much repetition as other students to learn, and already know a substantial amount of grade level work. In addition, the 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.

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.

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 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:

SIGNATURE

DATE

