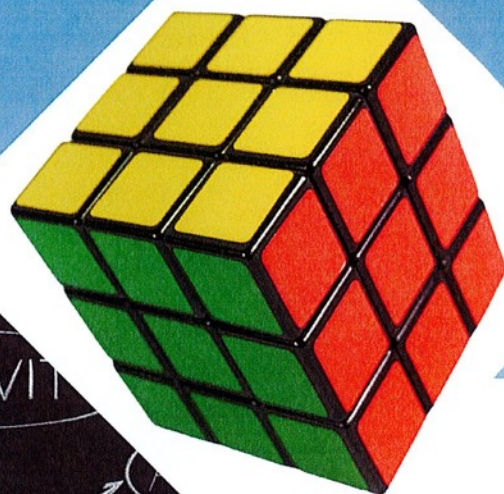
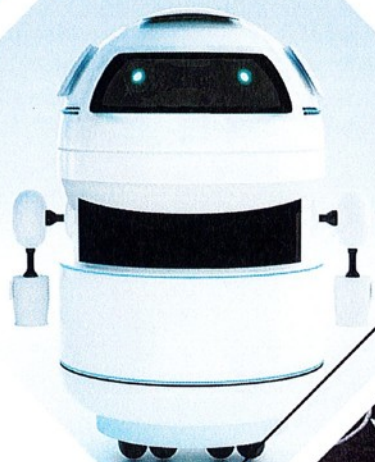




EXCEL GIFTED STUDIES Program

Required Forms Packet



EXCEL

2nd Grade - 6th Grade

GIFTED EDUCATION PROGRAM

Referral Form

A student may be referred for consideration by a parent, teacher, counselor, administrator, peer, self, or anyone else having reason to believe that the student might be intellectually gifted.

Student Name _____	Age _____	Grade _____
Date of Birth _____	Student ID# _____	
School _____	Teacher _____	
Parent/Guardian Name(s) _____		
Address _____		
<i>Street Address</i>	<i>City</i>	<i>State</i>
Phone _____		Alternate Phone _____
Zip _____		

Referral initiated by _____	Relationship to student _____
-----------------------------	-------------------------------

Results from the following measures have been gathered to determine the student's referral eligibility to move forward for gifted assessment:

OBJECTIVE MEASURES

<input type="checkbox"/> Normed Group Measure of Intelligence MINIMUM CRITERIA: A score at or above the 90 th percentile Score - Percentile: _____ ATTACH SCORE REPORT Measure: _____ Administered by: _____ Date: _____	<input type="checkbox"/> Normed Measure of Cognitive Abilities MINIMUM CRITERIA: A score at or above the 90 th percentile Score - Percentile: _____ ATTACH SCORE REPORT Measure: _____ Administered by: _____ Date: _____	<input type="checkbox"/> Normed Achievement Test MINIMUM CRITERIA: A total score at or above the 90 th percentile in the areas below Total Reading Percentile: _____ Total Math Percentile: _____ Total Language Percentile: _____ Total Science Percentile: _____ Total Social Studies Percentile: _____ Composite Percentile: _____ Measure: _____ Administered by: _____ Date: _____
---	--	---

SUBJECTIVE MEASURE(S)

☐

Checklist of
Gifted Characteristics

MINIMUM CRITERIA: A score at or
above the superior range

Score - Percentile: _____

Measure: _____

Completed by: _____

Date: _____

☐

Creativity Checklist

MINIMUM CRITERIA: A score at or
above the superior range

Score - Percentile: _____

Measure: _____

Completed by: _____

Date: _____

☐

Leadership Checklist

MINIMUM CRITERIA: A score at or
above the superior range

Score - Percentile: _____

Measure: _____

Completed by: _____

Date: _____

LSC REVIEW OF REFERRAL DATA AND RECOMMENDATION

☐

The student has satisfied
minimal criteria and shall move
forward to the assessment
stage.

Mark the following provisions if
requirements are met:

- ☐ Special Considerations for
Gifted Identification
☐ Twice Exceptional

☐

☐ The student has not
satisfied minimal criteria
on at least three measures;
however, the LSC feels
strongly that additional
data, including individual
assessment, may be
collected and the student
reconsidered at that time.

☐

☐ The student has not
satisfied minimal criteria
on at least three
measures, and the
identification process
shall stop.

SIGNATURES OF LSC MEMBERS

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature

Date



Scales for Identifying Gifted Students

School Rating Scales

Student's Name _____

Date of Rating _____
YEAR / MONTH / DAYDate of Birth _____
YEAR / MONTH / DAY

Age in Years _____

Grade ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Rater's Name _____

Relationship to Student _____

Examiner's Name _____

School Name _____

Areas Rated

- ☐ General Intellectual Ability
- ☐ Language Arts
- ☐ Mathematics
- ☐ Science
- ☐ Social Studies
- ☐ Creativity
- ☐ Leadership

Summary of Scores

	Raw Score	Standard Score	Percentile Rank
General Intellectual Ability	<input type="text"/>	<input type="text"/>	<input type="text"/>
Language Arts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mathematics	<input type="text"/>	<input type="text"/>	<input type="text"/>
Science	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Studies	<input type="text"/>	<input type="text"/>	<input type="text"/>
Creativity	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leadership	<input type="text"/>	<input type="text"/>	<input type="text"/>

Norms Used: ☐ General ☐ Gifted

Directions

Read each statement and decide how often the student you are rating exhibits each behavior. As you respond, ask yourself, "To what degree does the student exhibit the behavior listed when compared with his or her age peers?" Please respond to **all** statements, circling one number for each.

- 0 = Never exhibits the behavior in comparison to his or her age peers
- 1 = Rarely exhibits the behavior in comparison to his or her age peers
- 2 = Exhibits the behavior about the same as his or her age peers
- 3 = Exhibits the behavior somewhat more in comparison to his or her age peers
- 4 = Exhibits the behavior much more in comparison to his or her age peers

If the student is rated with six or more 4s, please provide examples that demonstrate his or her strength in that area in the space provided below the scale.

BEHAVIOR	RATING				
----------	--------	--	--	--	--

THE STUDENT

Scale 1: General Intellectual Ability

- Has excellent reasoning ability.
- Establishes cause-effect relationships easily.
- Can analyze an issue from many points of view.
- Is able to reach good conclusions based on evidence.
- Is curious and seeks answers to questions.
- Is an excellent planner and decision maker.
- Gathers information to make sense of a situation.
- Demonstrates a healthy skepticism and curiosity.
- Asks complex questions about a topic.
- Is able to rapidly understand novel tasks.
- Is able to figure out what is needed to solve a problem.
- Can easily relate new information to old information.

Never	Rarely	Some	Sometimes More	Most More
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4

Total = + + + +

Examples (if six or more 4s):

Scale 6: Creativity

- Seeks to create rather than imitate.
- Is persistent in finding solutions to problems.
- Is proficient at problem finding.
- Enjoys taking risks (e.g., doesn't mind consequences of being different, not afraid to try something new).
- Breaks gender stereotypes.
- Does not mind uncertainty.
- Enjoys time alone (particularly when engaged in the creative process).
- Is an excellent improviser.
- Has a passionate interest or talent (e.g., art, poetry, creative writing, or science).
- Is attracted to the complex and unique.
- Likes adventure; is energetic.
- Values own creativity.

0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4

Total = + + + +

Examples (if six or more 4s):

Scale 7: Leadership

- Is sought out by peers for advice, companionship, and ideas.
- Is sensitive to the needs and concerns of others.
- Adjusts easily to new situations.
- Is considered a "peacemaker" by peers.
- Has self-discipline.
- Has an advanced level of ethical and moral understanding (i.e., knows right from wrong).
- Is goal oriented.
- Inspires loyalty from others.
- Is supportive of peers.
- Is viewed as fair or caring.
- Has high ideals.
- Expresses concern for and interest in community and world issues.

0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4
0	1	2	3	4

Total = + + + +

Examples (if six or more 4s):

Special Considerations for Gifted Identification Checklist

Student _____ Grade _____ Teacher _____
 District _____ School _____
 Date _____ Completed By _____ Relationship _____

OPTION I

A student who has been diagnosed with ADD/ADHD qualifies for the use of the special consideration assessment criteria as defined by the *Regulations for Gifted Education Programs*.

Diagnosis Date: _____ By: _____

Attach a copy of diagnosis and recommendation.

OPTION II

If the student satisfies **five (5)** or more of the following criteria, the District should follow the Special Considerations for Gifted Identification provisions provided by the *Regulations for Gifted Education Programs*.

- ☐ The student has limited English proficiency or English is not the primary language in the home.
- ☐ Non-standard English interferes with learning activities.
- ☐ There is evidence of frequent moves from one school to another or one district to another.
- ☐ Few academic enrichment opportunities are available in the home or local neighborhood.
- ☐ Home or after-school responsibilities may interfere with the student's learning activities.
- ☐ Cultural values may be in conflict with dominant culture.
- ☐ There is a lack of access to cultural activities within the dominant culture.
- ☐ The student has poor reading skills.
- ☐ The student is frequently absent.
- ☐ The student demonstrates difficulty staying on task.
- ☐ Other (medical diagnosis, foster child, death of family member, etc..) _____

ADDITIONAL DOCUMENTATION:



Yazoo County School District Gifted Identification Matrix

To receive a gifted eligibility ruling, a student must score a minimum of 15 points.

Student's Name: _____ **School:** _____

		1 point	2 points	3 points	4 points	5 points
Group Intelligence Test: RAVENS	Date Administered: _____	80%-84% Percentile: _____	85%-89% Percentile: _____	90%-93% Percentile: _____	94%-97% Percentile: _____	98% and above: _____
Normed Achievement Test: N/A [at this time]	Date Administered: _____	80%-84% Percentile: _____	85%-89% Percentile: _____	90%-93% Percentile: _____	94%-97% Percentile: _____	98% and above: _____
General Intellectual Characteristics Checklist: SIGS Scale Score	Date Administered: _____	80%-84% Percentile: _____	85%-89% Percentile: _____	90%-93% Percentile: _____	94%-97% Percentile: _____	98% and above: _____
Creativity Checklist: <u>SIGS Scale Score</u>	Date Administered: _____	80%-84% Percentile: _____	85%-89% Percentile: _____	90%-93% Percentile: _____	94%-97% Percentile: _____	98% and above: _____
Leadership Checklist: SIGS Scale Score	Date Administered: _____	80%-84% Percentile: _____	85%-89% Percentile: _____	90%-93% Percentile: _____	94%-97% Percentile: _____	98% and above: _____
<i>Total Points for Each Column:</i>						
TOTAL NUMBER OF POINTS:	_____					

Gifted Eligibility Form

School District: _____ School: _____ Contact Person: _____

COMPLETED BY PARENT/GUARDIAN

Student Name _____ Age _____
 Date of Birth _____ Grade Placement _____ Student ID# _____
 Parent/Guardian Name _____
 Address _____
 Street Address City State Zip
 Phone _____ Alternate Phone _____

Parental Consent for Testing

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

Parent/Guardian Signature _____

Date _____

COMPLETED BY AUTHORIZED DISTRICT REPRESENTATIVE(S)

Eligibility Determination

First Submission

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

- ☐ Intellectually Gifted ☐ Academically Gifted
☐ Artistically Gifted ☐ Creatively Gifted
☐ Provisional Eligibility (Twice Exceptional)
☐ Not Eligible for Gifted Services

Date: _____

Members Present
(Printed Name/Signature)

Second Submission

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

- ☐ Intellectually Gifted ☐ Academically Gifted
☐ Artistically Gifted ☐ Creatively Gifted
☐ Provisional Eligibility (Twice Exceptional)
☐ Not Eligible for Gifted Services

Date: _____

Members Present
(Printed Name/Signature)

Upon signatures from authorized district personnel, the eligibility determined above is the official ruling for the aforementioned student in the state of Mississippi. The original form should be placed in the gifted student file and a copy should be placed in the cumulative record.