Excellence in Academic Achievement

Carrizo Springs Consolidated Independent School District

Gifted/Talented Education Program

Kinder Referrals

Dear Parents,

Your child, _____, has been referred for the district's elementary Gifted/Talented Program. In order to continue the identification process, we must have a signed **Parent Consent Form**. This form allows us to provide assessment activities and administer tests for screening. Also attached is the **Parent Inventory**, which will help us learn more about your child. We will use this information as part of the screening data so please complete all blanks including examples.

Please complete and return the **Parent Consent Form** and the **Parent Inventory** as soon as possible if you would like your child to be tested. You will be notified before March 2, whether or not your child was identified as gifted by the selection committee.

Please make sure that these are returned by _____to Ms. _____.

If you have any questions, please contact me at 876-3503x1501.

Sincerely,

Jose Talamantez
G/T Coordinator

Kínder Referías

Queridos padres, su hijo, _____, ha sido nominado para el programa de dotados y talentosos de primaria del distrito. A fin de continuar con el proceso de identificación, debemos tener un formulario de consentimiento firmado de padre. Este formulario nos permite ofrecer actividades de evaluación y pruebas para la detección de administrar. También adjunta es el inventario del padre que nos ayudará a aprender más acerca de su hijo. Utilizaremos esta información como parte de los datos de proyección tan complete todos los espacios incluidos ejemplos.

Por favor completar y devolver el formulario de consentimiento de padre y el inventario de padre tan pronto como sea posible si deseas que tu hijo pueda ser probado. Se le notificará antes del 2 de marzo, sea o no su hijo fue identificado como dotados por el Comité de selección.

Si tienes alguna pregunta, comuníquese conmigo en 876-3503 x 1501.

Atentamente,

Jose Talamantez
G/T Coordinador

Excellence in Academic Achievement

Carrizo Springs Consolidated Independent School District

El Programa Dotados/Talentosos

Cuestionario para los padres de estudiantes de Kínder

Nombre del estudiante _____ fecha _____

Por favor indicar la frecuencia con su hijo muestra estas características y dar ejemplos para cada uno. 0 – Nunca 1: a veces 2 – a menudo 3 – la mayoría del tiempo

_____ 1. Tiene muchas formas diferentes de calcular cosas.

_____

_____

_____ 2. Tiene intereses de los niños mayores o de adultos en juegos y lectura.

_____

_____

_____ 3. Entiende conceptos matemáticos.

_____

_____

_____ 4. Quiere saber cómo y por qué.

_____

_____

_____ 5. Está capacitado para planear y organizar actividades.

_____

_____

_____ 6. Se mantiene interesado en el proyecto o tarea, tan pronto como haya empezado.

_____

_____

_____ 7. Empieza a leer palabras, y lee oraciones simples independientemente.

_____

_____

_____ 8. Tiene una memoria excelente.

_____

_____

_____ 9. Ensena más madurez que de su edad.

_____

_____

____ 10. Cuando compara usted a su hijo/hija con otros niños de la misma edad, piensa usted que él o ella es.

_____ Normal

_____ Arriba de lo normal

_____ Considerablemente arriba de lo normal

Favor de agregar información adicional: _____
_____
_____
_____

_____ _____
Firma del Padre Fecha

PARENT INVENTORY FOR KINDERGARTEN STUDENTS

Students name _____ Date _____

Please indicate how often your child demonstrates these characteristics and give examples for each.

0 – Never 1 – Sometimes 2 – Often 3 – Most of the time

_____ 1. Has many different ways of figuring things out, explain?

_____

_____

_____ 2. Has interests of adults in games and reading.

_____

_____

_____ 3. Understands math concepts, explain.

_____

_____

____4. Wants to know how and why.

_____

_____

_____ 5. Is able to plan and organize activities, give examples.

_____

_____

_____ 6. Sticks to a task, once it is begun.

_____

_____

_____7. Sounds out words; reads simple sentences independently.

_____

_____

_____ 8. Has an excellent memory.

_____

_____

_____ 9. Is mature beyond his/her years.

_____

_____

____ 10. When you compare your child with others the same age, do you think he/she is:

_____ about average

_____ somewhat above average

_____ considerably above average

Please add any additional information here: _____
_____
_____
_____

_____ _____
Parent's Signature Date

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Carrizo Springs Consolidated Independent School District

Parent Inventory for Gifted and Talented (1st-12th grade)

Student Name: _____ Date: _____

INSTRUCTIONS: In each of the four sections, indicate the characteristics or behaviors demonstrated by your child. Return the completed form to the Campus Counselor at your child's school.

OVERALL ABILITY

Exhibits this behavior

	Frequently		Occasionally		Rarely	
Outstanding skill compared to children his/her age in **athletics, music, theatre, art etc.**	5	4	3	2	1	NA
Follows complex reasoning	5	4	3	2	1	NA
Learns very quickly	5	4	3	2	1	NA
Good memory/large fund of information	5	4	3	2	1	NA
Develops new skills easily in many areas	5	4	3	2	1	NA
Finds or creates patterns in numbers, symbols	5	4	3	2	1	NA

Specific examples of behaviors listed above or pertinent comments:

CREATIVITY

Exhibits this behavior

	Frequently		Occasionally		Rarely	
Curious about many topics	5	4	3	2	1	NA
Questions rules/policies	5	4	3	2	1	NA
Has many ideas (fluent)	5	4	3	2	1	NA
Sees connections between seemingly unrelated objects events, ideas etc.	5	4	3	2	1	NA
Risk Taker	5	4	3	2	1	NA
Makes ideas more interesting (elaboration)	5	4	3	2	1	NA
Finds subtle humor, paradox, or discrepancies	5	4	3	2	1	NA
Finds creative ways to escape work	5	4	3	2	1	NA

Specific examples of behaviors listed above or pertinent comments:

TASK COMMITMENT	Exhibits this behavior					
	Frequently		**Occasionally**		**Rarely**	
Sets own goals	5	4	3	2	1	NA
High level of energy	5	4	3	2	1	NA
Needs little external motivation to pursue	5	4	3	2	1	NA
Eager for new projects and challenges	5	4	3	2	1	NA
Is a perfectionist	5	4	3	2	1	NA
Hyper-focused when working on self-selected project	5	4	3	2	1	NA

Specific examples of exceptional abilities indicated above or pertinent comments:

INTRA/INTERPERSONAL SKILLS						
Acutely aware of self and others	5	4	3	2	1	NA
Builds and cultivates relationships with others easily	5	4	3	2	1	NA
Sensitive to diverse perspectives	5	4	3	2	1	NA
Exhibits exceptional leadership ability	5	4	3	2	1	NA
Heightened sense of justice	5	4	3	2	1	NA
Strong sense of self independent	5	4	3	2	1	NA
Quiet, but profound in thought	5	4	3	2	1	NA
Relates well to older children and adults	5	4	3	2	1	NA

Specific examples of exceptional abilities indicated above or pertinent comments:

The following section is for students who are bilingual or second language learners

Bilingual *Compared to students his/her own age, exhibits this behavior*

SKILLS	**Frequently**		**Occasionally**		**Rarely**	
Acts as translator for family, friends	5	4	3	2	1	NA
Picks up new words quickly	5	4	3	2	1	NA
Recognizes humor in more than one language	5	4	3	2	1	NA
Mimics linguistic styles	5	4	3	2	1	NA

Tells stories in great detail, with embellishment	5	4	3	2	1	NA
Entertains other with language. Desires to find the Perfect word to describe an idea, thought or thing	5	4	3	2	1	NA

<u>This Section is for Parents with students in 6th-12th grade only</u>

The following section is for students who demonstrate gifted characteristics through use of technology

Technology behavior	Compared to students of his/her age, exhibits this					
	Frequently		**Occasionally**		**Rarely**	
Uses technology to investigate multiple pathways to problem solutions	5	4	3	2	1	NA
Uses technology in ways that enhance sophistication of projects and products beyond that of peers (do not include Wikipedia use or simple word search)	5	4	3	2	1	NA
Utilizes high level specific domain software in areas Such as architecture design, music composition, bridging language barriers, quality video productions	5	4	3	2	1	NA
Uses technology to access advanced levels of study beyond the classroom resources; uses technology to successfully sift through voluminous amounts of internet information for the best source material	5	4	3	2	1	NA
Is able to troubleshoot technology glitches; can find multiple potential solutions to computer bugs	5	4	3	2	1	NA
Knows and seeks out coding; fluent in some digital language may attempt hacking	5	4	3	2	1	NA
Intuits new programs and how to use them without direct instruction	5	4	3	2	1	NA
Able to modify computers such as increasing memory Installing peripherals, increasing interface between devices, etc.	5	4	3	2	1	NA
Prefers to use technology for personal assistance Such as note taking. messaging. prioritizing. personal Calendar, blogging, diary, digital portfolio, etc.	5	4	3	2	1	NA
Peers and adults seek her/him out for technology assistance	5	4	3	2	1	NA

Specific examples of exceptional abilities indicated above or pertinent comments:

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Gifted/Talented & Advanced Services

Kinder G/T Pool

Date: _____

[ ] Yes, my child _____ may participate in the G/T screening pool activities. I understand that my child has not been identified for CSCISD's Gifted/Talented program and that he/she will be re-assessed for participation in the _____school year.

[ ] No, my child _____ will not participate in the pool.

Please sign and return form by _____.

_____ _____

Parent Signature Date

If you have any questions, you can contact campus counselor or Maria G. Villarreal at (830) 876-3503, ext. 1501.

Sincerely,

CSE Campus Gifted & Talented Selection Committee

Excellence in Academic Achievement

Carrizo Springs Consolidated Independent School District

Gifted/Talented Education Program

Dear Parents,

Your child, _____, has been selected for the district's Gifted/Talented Program K-12th. Services planned for the gifted/talented students in these grade levels will be provided by a G/T Teacher. Students will spend the day in the G/T Classroom.

Please read and discuss the G/T rules and procedures with your child and return the completed form indicating your decision concerning program participation. Please return permission forms to your child's campus. Services will begin in the fall of the next school year. We have also attached a copy of the program overview and the policies for your reference.

If you have any questions, please contact your campus counselor or contact Maria G. Villarreal at 876-3503 ext. 1501.

Sincerely,

Campus Selection Committee

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Carrizo Springs Consolidated Independent School District

Gifted/Talented Education Program

PARENT PERMISSION AND COMMITMENT

Date: _____

We, the parents of _____understand that the gifted and talented class will require a commitment by our child. We acknowledge that our child will need our parental support in this endeavor. Areas that need our parental support may include:

1. Knowing assignments and due dates
2. Communicating with teachers about questions and concerns regarding our child and his/her assignments
3. Encouraging our child by listening to his/her feelings and concerns about the requirements of the gifted and talented class, but also communicating the G/T Education work requires additional skills that may be more difficult; however, the rewards of accomplishment bring satisfaction.
4. Understanding that our child will have outside work that may include public library research, assigned readings, and doing activities related to themes of study.
5. Understanding that our child may be placed on monitored status or exited from the program based on his/her performance in the G/T education program. The selection committee or we may initiate this.
6. Monitoring our child's assignments and behavior by signing and returning all forms. Forms may include permission slips, progress reports, notices of assignments, and evaluation of the program at the end of the year.

We pledge our parental support to assist in the success of our child in the CSCISD G/T Education Program.

We agree to make every effort to abide by the guidelines stated above.

_____ _____

Parent's Signature Date

_____ _____

Student's Signature Date

_____ _____

Address Telephone Number

_____ _____

Grade Level Campus

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Carrizo Springs Consolidated Independent School District

Gifted/Talented Education Program

Dear Parents,

Each school year the selection committee for the Gifted and Talented Education Program at Carrizo Springs _____ reviews the process of each participating student. At this time the committee makes recommendations as to which program best meets the educational needs of the student.

It is the committee's recommendation that your child, _____ be placed in a GT/Advanced (Gifted & Talented) educational program. This recommendation is based on progress in the gifted class, teacher recommendation, state testing score and GPA.

Your child will be in the following GT/ Advanced classes:

____ GT/Advanced Language Arts ____ GT/ Advanced Math

_____ GT/Advanced Science ____ GT/Advanced Social Studies

Please read and discuss the Gifted Education Program rules and procedures with your child and return the completed forms indicating your decision concerning program participation. Please circle the courses which are most relevant to your child.

If you have any questions or would like a conference concerning your child's placement, please contact me at 876-3503x1501.

Sincerely,

Jose Talamantez
G/T Coordinator

Estimados Padres:

Cada año escolar el comité de selección del programa de estudiantes Talentosos y superdotados de la Junior High revisa el progreso de cada estudiante que participa en el programa. Durante este periodo el comité hace recomendaciones para cual programa seria mas beneficiario para servir las necesidades de cada estudiante.

Es la recomendación de el comité que su hijo/hija, _____, sea puesto en el programa educacional de GT/Avanzado (Estudiantes Talentosos y superdotado/Pre programa avanzado). Esta recomendación está basada en el progreso de sus clases de estudiantes avanzados, recomendación de un maestro, o calificación recibida en el examen STAAR, y promedio de calificaciones.

Su Hijo/Hija estará en las siguientes clases avanzadas:

_____GT/ Lenguaje Avanzado _____GT/ Avanzado Matemáticas

_____GT/ Avanzado Ciencia _____GT/ Avanzado Estudios Sociales

Por favor lea y discuta el programa de educación avanzada, sus reglas y procedimientos con su hijo/hija, complete y regrese esta forma indicando su decisión concerniente a participación en el programa. Por favor, circule los cursos que sean más relevantes para su hijo.

Si tiene usted alguna pregunta o quiere una conferencia concerniente a la colocación de su hijo/hija en el programa, por favor háblame a el 830-876-3503 x1501.

Sinceramente,

Jose Talamantez
Coordinador GT