

Tree Valley School District
Highly Capable Program Referral Form

PLEASE PRINT

Please type or print clearly. Responses must fit on this form; attachments may not be submitted.

Student's Last Name	First Name	Parents/Guardians
Date of Birth	Gender	Grade
		Home Address
School Attending	Telephone #	City/State/Zip
Classroom Teacher's Name		Telephone Mother (H) Mother (W) Mother (C)
Highly Capable Program Coordinator		Telephone Father (H) Father (W) Father (C)

Language(s) spoken in the home _____

In the space provided below, please explain why the student should be considered for Highly Capable Program services.

SAMPLE

Signature of Referral Source

Relationship to Student

Date of Referral

Tree Valley School District

Parent/Guardian Questionnaire

OPTIONAL

Student _____ School Currently Attending _____ School Year _____ Grade Level _____

Please print clearly or type; responses must fit on this form. Additional information may be submitted up to five pages.

Check the appropriate box: **occasionally, frequently, consistently.**

Give an **example for each.**

occasionally	frequently	consistently
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My child surprises me with his/her knowledge.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

My child comes up with imaginative and/or unusual ways of doing things.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

My child is intellectually curious and asks thoughtful questions.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

My child finds humor in situations or events unusual for his/her age.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

My child can focus on a particular topic for an unusually long period of time.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Does your child have a special need that you want to communicate to the committee? NO YES
 If YES, please explain (such as learning disability). Additional information may also be submitted as part of the five pages.

Parent/Guardian Signature

Date

Teacher Recommendation Form Grade 1

We value your input and will carefully review your recommendation. Forms should be returned to the Gifted Resource Teacher **on or before March 1, 2010**. Evaluations for students not currently enrolled in Virginia Beach City Public Schools should be returned to the **Gifted Education Testing Office at ODC, 1008 Ferry Plantation Road, Virginia Beach, VA 23455**.

Please print clearly in black or blue ink only.

Student's Legal Name: _____

Current School: _____

Current Grade Level: 1

Teacher's Name: _____ Signature: _____ Date: _____

For each statement, check the word that best describes the student. Please cite specific examples.

A. The student is an intense learner. This is demonstrated through

- | | <i>Almost
Always</i> | <i>Often</i> | <i>Seldom</i> | |
|----|--------------------------|--------------|---------------|---|
| 1. | _____ | _____ | _____ | determination to complete assignments and projects successfully |
| 2. | _____ | _____ | _____ | using advanced vocabulary, incorporating it into conversation or writing |
| 3. | _____ | _____ | _____ | possessing a large amount of factual knowledge used accurately, reading extensively |
| 4. | _____ | _____ | _____ | social awareness, concern for fairness, prejudice, and equity issues beyond age level |
| 5. | _____ | _____ | _____ | exploring topics of personal interest beyond age level, becoming totally absorbed in an area of particular interest |

Examples: _____

B. The student is an analytical thinker. Analytical thinking is demonstrated through

- | | <i>Almost
Always</i> | <i>Often</i> | <i>Seldom</i> | |
|-----|--------------------------|--------------|---------------|---|
| 6. | _____ | _____ | _____ | an understanding of ideas and complex concepts |
| 7. | _____ | _____ | _____ | an interest in challenging situations, approaching problems from different perspectives, tackling difficult problems and issues which others may find frustrating |
| 8. | _____ | _____ | _____ | learning new skills and concepts quickly |
| 9. | _____ | _____ | _____ | an awareness of relationships, using metaphors or analogies, making mental connections |
| 10. | _____ | _____ | _____ | a willingness to take risks, showing confidence in answers and willing to support a different idea or opinion |

Examples: _____

C. The student is a creative producer. Creative, productive thinking is demonstrated through

- | | <i>Almost
Always</i> | <i>Often</i> | <i>Seldom</i> | |
|-----|--------------------------|--------------|---------------|--|
| 11. | _____ | _____ | _____ | generating different ideas, adapting readily to new situations |
| 12. | _____ | _____ | _____ | originality, expressing familiar ideas in unusual ways, offering unique solutions to problems or questions, creating original products |
| 13. | _____ | _____ | _____ | creating detailed projects, turning the simple into complex, adding details, embellishing |
| 14. | _____ | _____ | _____ | questioning, asking complex questions not typical of age group |
| 15. | _____ | _____ | _____ | a sense of humor reflecting advanced understanding, seeing humor in situations others find humorless |

Examples: _____

D. The student is highly motivated in areas of interest. Motivation is demonstrated through

- | | <i>Almost
Always</i> | <i>Often</i> | <i>Seldom</i> | |
|-----|--------------------------|--------------|---------------|---|
| 16. | _____ | _____ | _____ | working well independently |
| 17. | _____ | _____ | _____ | exceeding expectations, doing more than what is required on assignments of interest |
| 18. | _____ | _____ | _____ | working cooperatively as a team member, receptive to the ideas of others |
| 19. | _____ | _____ | _____ | eagerness to complete assignments of interest on time or prior to due date |
| 20. | _____ | _____ | _____ | assuming leadership positions, leading the group |

Examples: _____

Additional Comments: Please be as specific as possible in commenting on any characteristics, abilities, and/or aptitudes of this student that you feel should be brought to the attention of the Identification and Placement Committee.

Dear Parent:

Your child is being considered for referral to the program for Highly Capable students in the Tree Valley School District. Information considered by the committee includes:

- Permission and information form from parent/guardian
- Teacher checklist of behavioral characteristics of the gifted indicating a need for differentiated instruction
- Achievement indicated by grades and classroom performance
- Current information from ability tests
- Information from achievement tests

Please complete the attached Parent Information Form, including dated signature, and return it to your child's school to initiate the referral process. The school will forward completed forms to the Highly Capable Program Coordinator. An assessment specialist will administer testing at your child's school. The school will inform you of scheduled test dates.

The Tree Valley School District's Highly Capable Identification and Placement Committee meets on a regular basis and will notify parents and the school principal of decisions. Any questions regarding the referral process or test results should be directed to xxxx at xxx. Thank you for your interest in our Highly Capable Program services.

Sincerely,

Name
Phone Number

SAMPLE

Tree Valley School District

Parent Information Form Grades ____

Please print in black or blue ink only.

Student's Legal Name: _____ Date of Birth: ____/____/____

Parent/Guardian Name(s): _____

Street Address: _____ City: _____ Zip Code: _____

Home Telephone: _____ Other Telephone: _____

School: _____ Grade: _____ Teacher: _____

I would like my child considered for gifted program services. I understand that the testing will be completed by the assessment team and/or school psychologist.

Signature: _____ Date: _____

For each statement, check the word that best describes your child. Please cite specific examples.

A. My child is an intense learner. This is demonstrated through

- | | <i>Almost
Always</i> | <i>Often</i> | <i>Seldom</i> | |
|----|--------------------------|--------------|---------------|---|
| 1. | _____ | _____ | _____ | determination to complete assignments and projects successfully |
| 2. | _____ | _____ | _____ | using advanced vocabulary, incorporating it into conversation or writing |
| 3. | _____ | _____ | _____ | possessing a large amount of factual knowledge used accurately, reading extensively |
| 4. | _____ | _____ | _____ | social awareness, concern for fairness, prejudice, and equity issues beyond age level |
| 5. | _____ | _____ | _____ | exploring topics of personal interest beyond age level, becoming totally absorbed in an area of particular interest |

Examples: _____

B. My child is an analytical thinker. Analytical thinking is demonstrated through

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Always</i> | <i>Often</i> | <i>Seldom</i> | |
|-----|--------------------------|--------------|---------------|---|
| 6. | _____ | _____ | _____ | an understanding of ideas and complex concepts |
| 7. | _____ | _____ | _____ | an interest in challenging situations, approaching problems from different perspectives, tackling difficult problems and issues which others may find frustrating |
| 8. | _____ | _____ | _____ | learning new skills and concepts quickly |
| 9. | _____ | _____ | _____ | an awareness of relationships, using metaphors or analogies, making mental connections |
| 10. | _____ | _____ | _____ | a willingness to take risks, showing confidence in answers and willing to support a different idea or opinion |

Examples: _____

C. My child is a creative producer. Creative, productive thinking is demonstrated through

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|-----|--------------------------|--------------|---------------|--|
| 11. | _____ | _____ | _____ | generating different ideas, adapting readily to new situations |
| 12. | _____ | _____ | _____ | originality, expressing familiar ideas in unusual ways, offering unique solutions to problems or questions, creating original products |
| 13. | _____ | _____ | _____ | creating detailed projects, turning the simple into complex, adding details, embellishing |
| 14. | _____ | _____ | _____ | questioning, asking complex questions not typical of age group |
| 15. | _____ | _____ | _____ | a sense of humor reflecting advanced understanding, seeing humor in situations others find humorless |

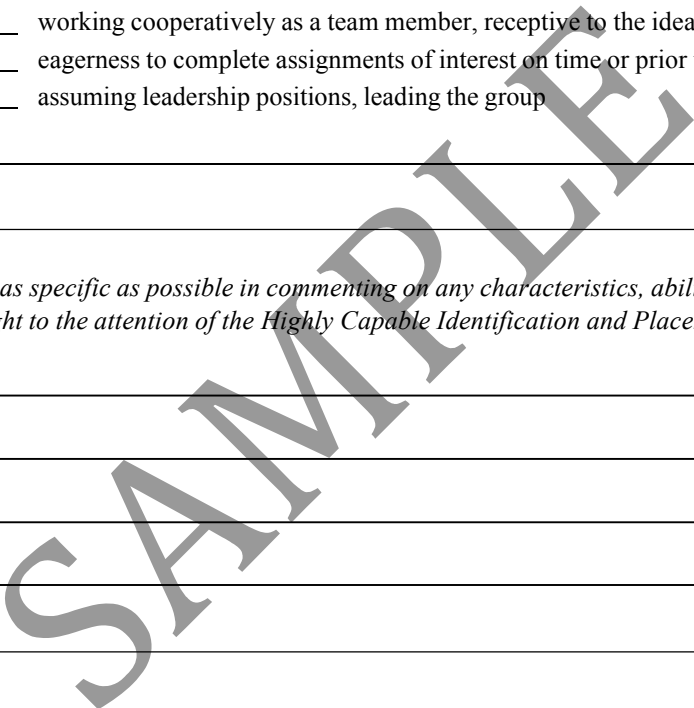
Examples: _____

D. My child is highly motivated in areas of interest. Motivation is demonstrated through

- | | <i>Almost
Always</i> | <i>Often</i> | <i>Seldom</i> | |
|-----|--------------------------|--------------|---------------|---|
| 16. | _____ | _____ | _____ | working well independently |
| 17. | _____ | _____ | _____ | exceeding expectations, doing more than what is required on assignments of interest |
| 18. | _____ | _____ | _____ | working cooperatively as a team member, receptive to the ideas of others |
| 19. | _____ | _____ | _____ | eagerness to complete assignments of interest on time or prior to due date |
| 20. | _____ | _____ | _____ | assuming leadership positions, leading the group |

Examples: _____

Additional Comments: Please be as specific as possible in commenting on any characteristics, abilities, and/or aptitudes of your child that you feel should be brought to the attention of the Highly Capable Identification and Placement Committee:



May wish to insert discrimination policy here.

<<date>>

<<Parent/Guardian>>

<<Address>>

<<City>> <<Zip Code>>

Dear <<Parent/Guardian>>:

Your child, <<First Name>> <<Last Name>>, was referred for services in the Highly Capable Program. The Tree Valley School District's Highly Capable Identification and Placement Committee met and identified <<First Name>> to receive services. The Highly Capable Program resource teacher at <<First Name>>'s school can provide more complete information regarding program services at <<School>>.

If you have any questions or wish to speak to someone regarding your child's assessment for Highly Capable Program services, you may contact _____ at _____.

Thank you for your interest in our Highly Capable Program services.

Sincerely,

Name
Title
Phone

<<date>>

<<Parent/Guardian>>

<<Address>>

<<City>> <<Zip Code>>

Dear <<Parent/Guardian>>:

Your child, <<First Name>> <<Last Name>>, was referred for services in the Highly Capable Program. The Tree Valley School District's Highly Capable Identification and Placement Committee met to review assessment information in order to determine appropriate recommendations for each child. At this time the Committee decided that <<First Name>> be placed on HOLD for further evaluation.

If you have any questions or wish to speak to someone regarding the Committee's decision or your child's assessment results, you may contact _____ at _____.

If you wish to appeal the decision of the Highly Capable Identification and Placement Committee because there is additional pertinent information, please contact xxxxxx for a Highly Capable Program, K-12 Appeal/Review Request Form. Any additional testing or assessment must be initiated by the appeals committee and be administered by Tree Valley School District personnel. All appeal requests must be submitted on or before <<date>>.

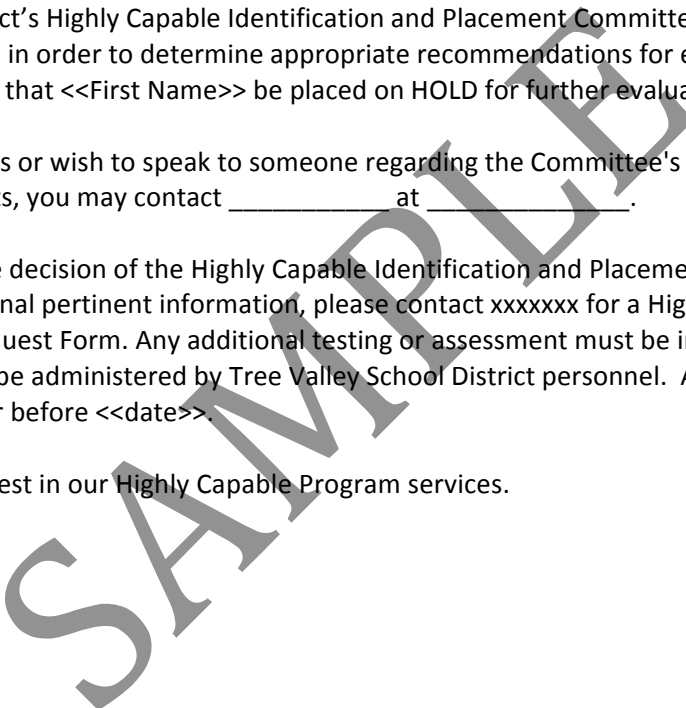
Thank you for your interest in our Highly Capable Program services.

Sincerely,

Name

Title

Phone



<<date>>

<<Parent/Guardian>>

<<Address>>

<<City>> <<Zip Code>>

Dear <<Parent/Guardian>>:

Your child, <<First Name>> <<Last Name>>, was referred for services in the Highly Capable Program. The Tree Valley School District's Highly Capable Identification and Placement Committee met and reviewed the information and did not recommend Highly Capable Program services for your child at this time.

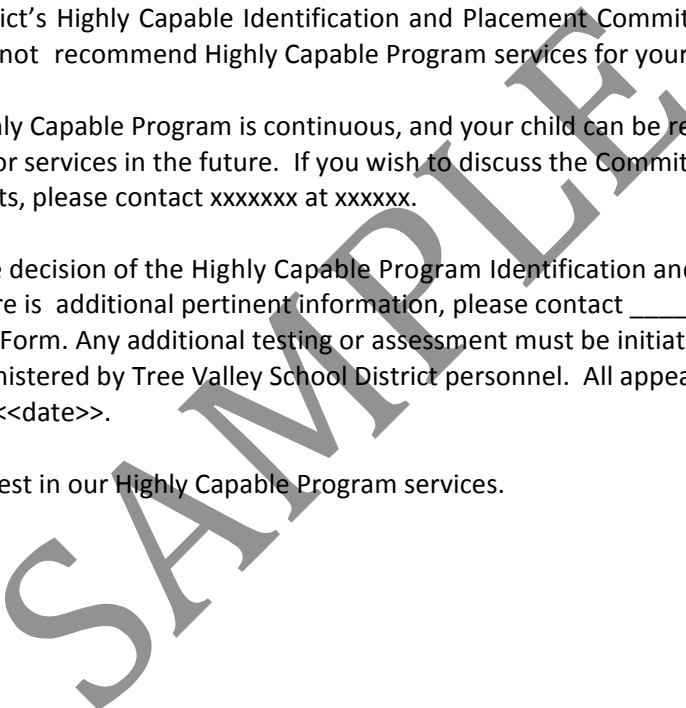
Assessment for the Highly Capable Program is continuous, and your child can be reassessed if there appears to be a need for services in the future. If you wish to discuss the Committee's decision or your child's assessment results, please contact xxxxxxx at xxxxxx.

If you wish to appeal the decision of the Highly Capable Program Identification and Placement Committee because there is additional pertinent information, please contact _____ for a K-12 Appeal/Review Request Form. Any additional testing or assessment must be initiated by the appeals committee and be administered by Tree Valley School District personnel. All appeal requests must be submitted on or before <<date>>.

Thank you for your interest in our Highly Capable Program services.

Sincerely,

Name
Title
Phone



Elementary Level of
Acceptance

<<date>>

<<Parent/Guardian>>
<<Address>>
<<City>> <<Zip Code>>

Dear

<<Parent/Guardian>>:

Your child, <<First Name>> <<Last Name>>, was referred for services in the Highly Capable Program. Tree Valley School District's Identification and Placement Committee met and identified <<First Name>> to receive Highly Capable Program services. <<First Name>> will receive these services in the xxxxxxxx program located at <<School>>. These services will be delivered by the xxxxxxxx who will work cooperatively with the xxxxxxxx assigned to the school.

If you have any questions or wish to speak to someone regarding your child's assessment for the Highly Capable Program services, you may contact _____ at _____.

Thank you for your interest our Highly Capable Program services.

Sincerely,

Name
Title
Phone

Tree Valley School District

GIFTED EDUCATION K-12 APPEAL/REVIEW REQUEST FORM

Current Date: _____

Student's Legal Name: _____
Last First MI

Address: _____
Street City Zip

School: _____ Grade: _____ Teacher: _____

Parent's Name: _____
Last First MI

Person requesting this appeal (signature): _____

Person requesting this appeal (print): _____

Relationship to the child: _____

Address: _____
Street City Zip

Telephone: _____

Please include a detailed written explanation as to why the appeal is being filed including specific new information that might impact the decision by the committee. Any additional assessments must be initiated by the committee and administered by Tree Valley School District.

Return to:

The appeals request will be reviewed by a committee knowledgeable about Highly Capable Program services and chaired by _____. The committee decision will be sent in writing to the person filing the appeal.