



Thank you for your interest in the Gifted Education program. As you fill out these forms, please consider the “Bright Child” vs. “Gifted Learner” document. Please complete the following forms:

- ECS Gifted Education Program Application
- Permission to test letter

Please return the complete forms to the office by **9/15/2017, 3:30 pm**. Unfortunately, we cannot accept late nominations so please plan accordingly.



Bright Child

or



Gifted Learner

Knows the answer
Is interested
Is attentive

Has good ideas
Works hard
Answers the questions
Top group
Listens with interest
Learns with ease
6-8 repetitions for mastery
Understands ideas
Enjoys peers
Grasps the meaning
Completes assignments
Is receptive
Copies accurately
Enjoys school
Absorbs information
Technician
Good memorizer
Enjoys straightforward, sequential presentation
Is alert
Is pleased with own learning

Asks the question
Is highly curious
Is mentally and physically involved
Has wild, silly ideas
Plays around, yet tests well
Discusses in detail, elaborates
Beyond the group
Shows strong feelings/opinions
Already knows
1-2 repetitions for mastery
Constructs abstractions
Prefers adults
Draws inferences
Initiates projects
Is intense
Creates a new design
Enjoys learning
Manipulates information
Inventor
Good guesser
Thrives on complexity

Is keenly observant
Is highly self-critical



Application for Gifted Education Program

Name of Child		Birthdate	Grade	Date of Application
Parent/Guardian 1	Email		Phone	
Parent/Guardian 2	Email		Phone	
Home Address				
Mailing Address				
School				
<p>The Gifted Education Program was developed to ensure that our students are challenged to achieve their highest potential and that curriculum and learning opportunities are in line with specific needs, interests and abilities. A gifted learner may exhibit positive or negative characteristics.</p> <p>Please complete the checklist below for this student.</p>				
Characteristics		Not Evident	Evident	Frequently Evident
Learns rapidly and easily				
Advanced in one or more subject areas				
Advanced curiosity/questioning				
Is an avid reader and/or writer				
Advanced analysis of problems or situations				
Makes connections or sees patterns				
Is driven to perform				
Has a unique sense of humor				
Prefers the company of older peers or adults				
Is meticulous				
Becomes frustrated or distracted				
Is bored with routine tasks				
Questions authority				
Appears disorganized				
Is disruptive				
Makes wild or silly leaps in ideas/responses				
Does not relate to classmates				
Does not work to potential				
Paralyzed by perfectionist tendencies				
Exhibits intensity of feelings				
Office Use Only				
Date Received	Date Receipt Communicated		Date Decision Communicated	



Dear Parent(s)/Guardian(s):

By returning this letter, you are requesting that your child be tested for gifted identification through Eagle County Schools. One measure cannot accurately determine gifted status therefore multiple measures are used to build a body of evidence that may or may not support formal identification.

Your child could receive any of the following assessments or any combination of the following assessments:

- Kaufman Brief Intelligence Test, 2nd edition (KBIT2)
- Naglieri Non-Verbal Ability Test, 3rd edition (NNAT3) in an online format (for those students who have not been given this test in the second or sixth grade)
- Cognitive Abilities Test (CogAT) in an online format
- Torrance Test of Creative Talent (TTCT)
- Iowa Test of Basic Skills (ITBS)
- District and classroom achievement assessments as needed

Families will receive written notification if further assessment is needed in building a body of evidence.

Typically, gifted children are two or more years above grade level, are good problem solvers, may prefer the company of adults, and need little or no practice to learn a new skill. Young gifted children may have taught themselves to read at an early age or have already mastered some math skills intuitively. Many times, these children will demonstrate an amazing memory.

As a parent, you have the right to decline or grant permission for further testing. By signing below, you are giving Eagle County Schools permission to conduct all necessary testing to build a body of evidence that may or may not support gifted identification. Please return this paper to your child's teacher. If you have any questions or concerns about the gifted program, please feel free to contact the Department of Exceptional Student Services or the gifted specialist at your building.

Student: _____ Grade: _____

School: _____ Teacher: _____

Yes I give permission for my child to be tested for the gifted program

Signature of Parent/Guardian

Date