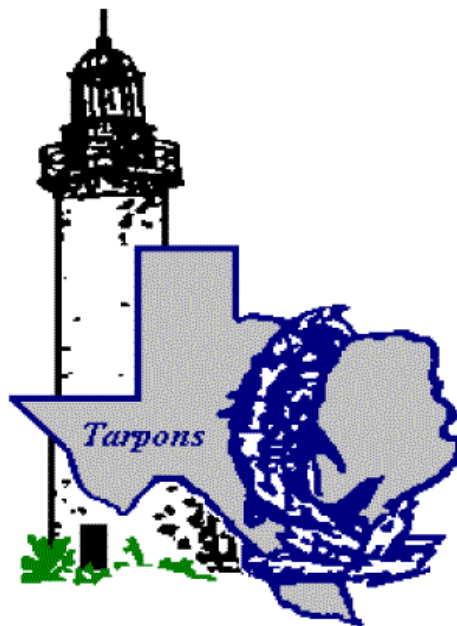


Point Isabel Independent School District

Gifted and Talented Program



District Plan

**Board Approved:
November 28, 2017**

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Point Isabel Independent School District Gifted and Talented Program

PHILOSOPHY

We believe that all students possess unique gifts and talents. Each student given the proper challenges can reach his/her maximum potential.

The Point Isabel Independent School District is committed to ensuring those students with exceptional ability will be provided with challenging learning opportunities.

TEXAS DEFINITION

Gifted and Talented students are those who perform at or show the potential for performing at a remarkably high level of accomplishment when compared to others of the same age, experience, or environment and who:

1. Exhibits high performance capability in an intellectual, creative, or artistic area;
2. Possess an unusual capacity for leadership; or
3. Excels in a specific academic field.

POINT ISABEL INDEPENDENT SCHOOL DISTRICT DEFINITION

All students possess certain or unique gifts and talents; however, some students of the same age, experience, and environment perform at a remarkably higher levels of achievement. These students, who are intellectually or academically gifted, will be served in the Point Isabel Independent School District's Gifted and Talented Program.

GIFTED AND TALENTED PROGRAM DESCRIPTION

KINDERGARTEN – 5TH GRADE

Students in the Gifted and Talented Program in kindergarten – 5th grade will be served in the four core content areas. Students will be provided with differentiated instruction, enriched online curriculum which adds depth and complexity to the Texas Essential Knowledge and Skills.

SPECIFIC SUBJECT MATTER APTITUDE

GRADES 6-8

Students in the Gifted and Talented Program in grades 6-8 will be served through a departmentalized program in Mathematics, Language Arts, Science, and Social Studies. Students will be provided with an enriched curriculum which adds depth and complexity to the Texas Essential Knowledge and Skills.

HIGH SCHOOL PROGRAM

GRADES 9-12

Port Isabel High School Gifted Students will be served in the Pre-Advanced and Advanced Placement Program. The teacher will have both advanced placement training as well as training in strategies for teaching gifted students. The services provided will include the differentiation of the AP and Pre-AP curriculum for gifted students

GIFTED AND TALENTED PROGRAM GRADES K-12

IDENTIFICATION PROCEDURES

I. NOMINATIONS

- A. Students may be nominated by any professional Point Isabel I.S.D. staff member. (Form D)
- B. Parents may nominate their child by obtaining a nomination form from the Principal's Office. Nomination forms are available in English and Spanish. The campuses will notify the parents when nominations are being accepted. (Form A)
- C. In January kindergarten nominations will be accepted following the criteria outlined in Section I of this document. Testing will be completed by the end of February and students who qualify will begin gifted and talented services no later than March 1st of the school year.
- D. Each school year for grades 1 – 11 in December, new nominations will be accepted following the criteria outlined in Section I of this document. Testing will be completed by the end of the school year.

II. ASSESSMENT

1. Parental permission must be obtained for students to be tested. (Form E)

III. SELECTION

1. All student assessment data is summarized on the matrix for each student.
2. A meeting of the selection committee is held. The committee is composed of a minimum of three campus educators who have received training in gifted and talented education and represent each grade level at the elementary level or each core content area at the secondary level.
3. On a basis of points earned on the matrix, the student will be invited to participate in the program. (Form F)

IV. STUDENT TRANSFERS

1. Students new to the Point Isabel Independent School District may be nominated for the program after being in the regular education program for at least two weeks. After two weeks, the student may be nominated by his/her teacher and/or parent. Once nominated, the same procedure will be followed as outlined in this document.
2. Students entering the District who have been in a state-approved gifted program or who have been identified as a gifted and talented student in their previous District and whose

records indicate a high potential, will be placed in the Gifted and Talented Program for the rest of the school year.

- a. The campus administrator or designee must secure all documents from the previous school district.
- b. A parent permission form (Form H) must be signed and filed for students transferring into the Point Isabel Independent School District Gifted and Talented Program.

V. FURLOUGHS

Students who are unable to maintain satisfactory performance within the structure of the Gifted and Talented Program may be placed on furlough by the selection committee. The purpose of such a furlough is to provide the student an opportunity to attain performance goals established by the selection committee.

A furlough may be granted at the request of the student or the parent. The selection committee will decide also on the length of the furlough based on individual circumstances. Furloughs should be granted for extenuating circumstances. This will be allowed only once during the school year. (Form K)

Description of Assessments

Jacob K. Javits – This is a teacher assessment scale, which addresses student learning, motivation, and creativity.

Standard Progressive Matrices (Raven) – This is a non verbal test of a person’s capacity at the time of the test to comprehend meaningless figures presented for his/her observation, see the relations between them, conceive the nature of the figures completing each system of relations presented, and, by doing, develop a systematic method of reasoning.

Achievement – A test that measures the extent to which a person has achieved: something acquired, certain information, or mastered certain skills, usually because of specific instruction.

- The Northwest Evaluation Association – Measures of Academic Progress (NWEA-MAP) is used to assess English dominant students in grades K – 11.
- Logramos is used to assess Spanish dominant students in grades K - 11.

Texas Performance Standards Project Description of Texas Performance Standards Project (TPSP)

The Texas Performance Standards Project (TPSP) is designed to help districts reach the state goal for gifted/talented students, which states that students who participate in services designed for gifted students will demonstrate skills in self – directed learning, thinking, research, and communication as evidenced by the development of innovative products and performances that reflect individuality and creativity and are advanced in relation to students of similar age, experience, or environment. The Texas State Plan for the Education of Gifted/Talented Students recommends the use of the TPSP as both formative and summative assessments and a means to evaluate the District’s gifted/talented program.

EXIT PROCESS GIFTED AND TALENTED PROGRAM

- I. **Parent Initiated:** The campus principal shall honor a parent's written request to exit their child from the Gifted and Talented Program. The principal or designee will schedule a parent conference to discuss the situation and to advise the parent that one (1) full academic school year must have elapsed before said student may again be nominated (Form O). The student may then qualify for the program using the most recent Gifted and Talented qualification standards.
- II. **School Initiated:** The school will exercise its right of student placement and will exit, by due process, a student from the Gifted and Talented Program if an Exit Committee determines that the student is not benefitting from the program. The Exit Committee shall be comprised of a minimum of three campus educators, who have received training in gifted and talented education and represent each grade level at the elementary level or each core content area at the secondary level. This student will be immediately reassigned to a regular classroom and parent(s) will be notified of this action (Form P). One (1) full academic school year must have elapsed before said student may be nominated again. The student may then qualify for the program using the most recent Gifted and Talented qualification standards.
- III. The decision of the Exit Committee shall be final unless the appeal process is initiated by parent(s) according to the campus appeals procedures.
- IV. **Appeals Procedures:** The parent(s) of a Gifted and Talented student may appeal the decision of the Exit Committee.

Parent of the student may appeal any final decision of the Exit Committee. Appeals shall be made first to the Exit Committee. Any subsequent appeals shall be made to the Superintendent or his/her designee as follows:

- a. Request for a Superintendent hearing to appeal a decision to exit a student from the Gifted and Talented Program shall be made in writing to the Superintendent within three (3) school days after receipt of the written decision. The Superintendent shall provide the parent written notice of the date, time and place of the hearing within five (5) days of receipt of the appeal and shall base the decision on the record prepared by the Exit Committee and its recommendation.
- b. Request for a Board hearing to appeal a Superintendent's decision to exit a student from the Gifted and Talented Program shall be made in writing to the Superintendent within three (3) school days after receipt of the written decision. The Superintendent shall provide the parent written notice of the date, time, and place of the Board hearing within five (5) days of receipt of the appeal.

CAMPUS APPEAL PROCEDURES

The parent of a student who wishes to appeal a selection decision made by the Gifted and Talented Campus Selection Committee may do so by following these steps:

1. Within ten (10) business days after the Selection Committee's decision has been announced, an appeal may be made to the campus principal in writing. At this time the selection procedures and the individual student information will be reviewed with the appellant by a building administrator.
2. Should a person wish to appeal the placement decision, a letter of appeal shall be submitted to the principal who will forward the letter to the Campus Selection Committee. The letter of appeal must include a statement of the problem(s) and any explanation or information pertinent to the situation. Only one (1) appeal addressing all concerns per assessment process will be permitted. If the parent so desires, he/she may appear personally before the Campus Selection Committee and should so indicate in the letter of appeal. The principal will notify the person of the date, time, and location of the meeting.
3. Within five business days after the meeting, the Campus Selection Committee will respond in writing to the appellant of its intent to either remain with its original decision or to amend its decision. The committee's letter must explain its action.
4. Students who wish to appeal to the Campus Selection Committee should do so through a parent.
5. After the above process has been exhausted, further questions regarding identification should be directed to the Superintendent of Schools or his/her designee. (Section IV Appeals Process).

The following principles shall guide the staff in responding to appeals:

1. All information regarding the identification of students is confidential and should be regarded as such throughout the identification, selection, and appeals process.
2. No parent has the right to information about any other student(s) other than his/her own child.
3. No parent has the right to copies of test that are protected by copyright laws. Parents do have the right to their children(s) score(s).
4. Evaluation forms will be anonymous when shared with parents.
5. The Campus Selection Committee will meet as needed to consider appeals.

Gifted and Talented Program Forms

- A. Campus Letter to Parent(s): Accepting Nominations
- B. Grade K - 2 Parent Inventory (English/Spanish)
- C. Grades 3-11 Parent Inventory (English/Spanish)
- D. Parent Permission form for Testing
- E. Selection Committee Form for Admittance into the Gifted and Talented Program
- F. Selection Committee Form for Student Not Meeting Requirements
- G. Student Transfer Form
- H. Parent Permission Form for Admittance-Transfer Students
- I. Letter to Parent on Exit Process
- J. Request for Furlough
- K. Gifted and Talented Program Matrices for Grades K – 11 in English
- L. Gifted and Talented Program Matrices for Grades K – 11 in Spanish
- M. Permanent Record Folder Checklist
- N. Gifted and Talented Withdrawal Form
- O. Parent Request Exit Form (English/ Spanish)
- P. School Initiated Exit Form (English/Spanish)
- Q. Gifted and talented Nomination/Selection Committee Form

- All parent forms are available in Spanish.

Point Isabel Independent School District

101 Port Road
Port Isabel, Texas 78578
<http://www.pi-isd.net>

Dr. Lisa Garcia
Superintendent of Schools

Phone: 956-943-0000
Fax: 956-943-0014

To: Parents of Students in Grades K - 11
RE: Nominations for Gifted and Talented Program

The Point Isabel Independent School District is now accepting nominations for the Gifted and Talented Program for the next school year. This program serves the students of our District with exceptional intellectual ability.

A student may be nominated for the program by his/her parents or by a professional school staff member. When a student is nominated for the program, a parent permission form will also need to be completed for further testing. When all the information is gathered, the Selection Committee will meet to determine which students qualify for the program.

If you wish to nominate your child for this program, please come by or call your child's school and request a copy of the "Parent Inventory". Fill out the Inventory and return it to the school office by _____. Should you have any questions about this program or the selection process, please feel free to call your child's principal.

Sincerely,

Campus Principal

PARA: Los Padres de Estudiantes en Grados K-11
RE: Nombramientos para el Programa Dotado y Talentoso

El Distrito Escolar Independiente de Puerto Isabel está aceptando nominaciones para el programa dotado y talentoso para el próximo año escolar. Este programa sirve a estudiantes de nuestro Distrito con capacidad intelectual excepcional.

Un estudiante puede ser nominado para el programa por sus padres o por un miembro del personal escolar profesional. Cuando un estudiante está nominado para el programa; una forma de permiso de los padres también completarse para su análisis posterior. Cuando toda la información se recopila, un Comité de Selección se reunirá para determinar que los estudiantes califican para el programa.

Un estudiante puede ser nominado para el programa por sus padres o por un empleado escolar profesional. Una vez que un estudiante es nominado para el programa, las calificaciones son revisadas y una prueba de inteligencia es administrada a cada estudiante que es nominado. Después de que esta información sea juntada un Comité de Selección se reunirá para determinar qué estudiantes serán considerados para pruebas adicionales. Con el permiso de los padres, se darán a los estudiantes seleccionados más pruebas. Cuando toda la información es juntada, un Comité de Selección se reunirá para determinar qué estudiantes califican para el programa.

Si desea nominar a su hijo/a para este programa, favor de reportarse o llamar a la escuela de su hijo/a y solicitar una copia del "inventario parental". Llene el Inventario y devuélvalo a la oficina de la escuela para la fecha _____. Si tiene cualquier pregunta sobre este programa o el proceso de selección, siéntase libre de llamar el director escolar de su hijo/a.

Sinceramente,

Director Escolar



Point Isabel Independent School District

Your child's teacher's name _____

Gifted and Talented Program: Parent Inventory Kindergarten - Grade 2

Student's Name _____ Date _____

Home Address _____

Street
City
Zip Code

School _____ Date of Birth: _____ Grade _____

In order to make school more meaningful for your child, would you please take a few minutes to complete the following Inventory. Have your child return it to his/her teacher. This form must be returned no later than _____.

Check the following items as it best describes your child as you see him/her.	Very little	Some	A Great Deal
1. Reasons out explanations for himself/herself			
2. Has a large vocabulary			
3. Becomes completely absorbed in what interests him/her			
4. Figures out the "why" of things			
5. Sees several different ideas when others usually see only one			
6. Remembers facts and details			
7. Draws several pictures even though expected to draw only one			
8. Thinks of multiple uses of objects rather than the usual ones			
9. Enjoys doing things differently from the way others do things			
10. Adds lines, colors, and details to his/her own drawings or to existing pictures			
11. Gives vivid descriptions when telling stories			
12. Fantasizes and uses imagination			

Parent's Signature _____ Date _____



Point Isabel Independent School District

Nombre del maestro/a de su hijo/a _____

Programa dotado y Talentoso: Inventario Parental Kinder - Grado 2

Nombre del Estudiante _____ Fecha _____

Domicilio _____

Domicilio
Ciudad
Código Postal

Escuela _____ Fecha de Nacimiento _____ Grado Escolar _____

A fin de hacer la escuela más significativa para su niño, por favor tome unos minutos para completar el siguiente Inventario. Devuélvalo al maestro con su hijo/a. Esta forma debe ser devuelta a más tardar el _____.

Seleccione los siguientes puntos que describe lo mejor posible a su hijo/a.	Muy poco	Algo	mucho
1. Da explicaciones por si mismo			
2. Tiene un extenso vocabulario			
3. Se absorbe totalmente en lo que le interese a él/ella			
4. Entiende “el porque” de las cosas			
5. Ve diversas ideas diferentes cuando los otros por lo general ven solo una			
6. Recuerda hechos y los detalles			
7. Dibuja varios cuadros aun cuando se espera que dibuje solamente uno			
8. Piensa en usos múltiples de objetos mas bien que los habituales			
9. Disfruta haciendo las cosas de manera distinta a los demás			
10. Añade líneas, colores, y detalla sus propios dibujos o dibujos existentes			
11. Da descripciones vivas al contar historias			
12. Fantasea y utiliza la imaginación			

Firma del padre _____ Fecha _____



Point Isabel Independent School District

Your child's teacher's name _____

Gifted and Talented: Parent Inventory Grades 3-11

Student's Name _____ Date _____

Home Address _____
Street
City
Zip Code

School _____ Date of Birth: _____ Grade _____

In order to make school more meaningful for your child, would you please take a few minutes to complete the following Inventory. Have your child return it to his/her teacher. This form must be returned no later than _____.

Check the following items as it best describes your child as you see him/her.	Very little	Some	A Great Deal
1. Is alert beyond his/her years			
2. Likes school			
3. Has interest of older children or of adults in games and reading			
4. Is observant			
5. Is aware of problems others often do not see			
6. Wants to know how and why			
7. Asks a lot of questions about a variety of subjects			
8. Is able to plan and organize activities			
9. Often finds and corrects own mistakes			
10. Has a wide range of interests			
11. Sets high standards for self			
12. Chooses difficult problems over simple ones			
13. Sticks to a task once it is begun			
14. Has lots of ideas to share			
15. Has many different ways of solving problems			
16. Is concerned with details			
17. Others seem to enjoy his/her company			
18. Enjoys other people – seeks them out			
19. Is able and willing to work with others			
20. Likes to have his/her ideas heard			

Parent's Signature _____ Date _____



Point Isabel Independent School District

Nombre del maestro/a de su hijo/a _____

Programa dotado y Talentoso: Inventario Parental Grado 3-11

Nombre del Estudiante _____ Fecha _____

Domicilio _____
 Domicilio Ciudad Código Postal

Escuela _____ Fecha de Nacimiento _____ Grado Escolar _____

A fin de hacer la escuela más significativa para su niño, por favor tome unos minutos para completar el siguiente Inventario. Devuélvalo al maestro/a con su hijo/a. Esta forma debe ser devuelta a más tarde el _____.

Seleccione los siguientes puntos que describe lo mejor posible a su hijo/a.	Muy poco	Algo	mucho
1. Está alerta más allá de su años			
2. Le gusta la escuela			
3. Tiene interés en niños mayores o en adultos en juegos y lectura			
4. Es observador			
5. Está enterado de problemas que otros no ven a menudo			
6. Desea saber cómo y porqué			
7. Hace muchas preguntas acerca de una variedad de temas			
8. Puede planear y organizar actividades			
9. Encuentra y corrige a menudo sus propios errores			
10. Tiene una amplia variedad de intereses			
11. Fija los mayores niveles para si mismo			
12. Elige problemas difíciles sobre sencillos			
13. Se atiene a una tarea una vez que es comenzado			
14. Tiene muchas ideas para compartir			
15. Tiene muchas diversas maneras de solucionar problemas			
16. Se preocupa por detalles			
17. Otros parecen gozar de su compañía			
18. Goza de la gente – y busca su compañía			
19. Es capaz de y puede trabajar con otros			
20. Gusta hacer oír sus ideas			

Firma del padre _____ Fecha _____

Point Isabel Independent School District

101 Port Road
Port Isabel, Texas 78578
<http://www.pi-isd.net>



Dr. Lisa Garcia
Superintendent of Schools

Phone: 956-943-0000
Fax: 956-943-0014

Gifted and Talented Program

To the parents of _____,

Your child has been nominated to be assessed for the Gifted and Talented Program. Please fill out the attached permission slip and return it to the school principal by _____.

.....
Point Isabel Independent School District has my permission to administer the Gifted and Talented Program assessment to my child _____.

The results of this testing will only be used to determine placement in the Gifted and Talented Program.

Parent's Signature _____ Date _____

PLEASE RETURN THIS FORM TO THE PRINCIPAL'S OFFICE AS SOON AS POSSIBLE.

=====

A los padres de _____,

Su hijo/a sido nominado para ser evaluado para el programa dotado y talentoso. Por favor de llenar la forma de permiso adjunta y regresarla al director de la escuela para la fecha _____.

.....
El Distrito Escolar de Puerto Isabel tiene mi permiso de administrar la prueba de investigación para el programa dotado y talentoso a mi hijo/a_____. Los resultados serán utilizados solamente para determinar la colocación en el programa dotado y talentoso.

Firma de Padres _____ Fecha _____

VOLVER POR FAVOR ESTA FORMA A LA OFICINA PRINCIPAL LO MÁS PRONTO QUE PUEDA.

Point Isabel Independent School District

101 Port Road
Port Isabel, Texas 78578
<http://www.pi-isd.net>



Dr. Lisa Garcia
Superintendent of Schools

Phone: 956-943-0000
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Gifted and Talented Program

To the Parents of _____,

We are happy to inform you that _____ has met the District's criteria for admittance to the Gifted and Talented (G/T) Program. The program is designed to provide an appropriate instructional curriculum for gifted students enrolled in our schools.

You are welcome to visit with the campus principal to review your child's scores. Please call the office for an appointment.

Before we can officially include your child in the Gifted and Talented Program we must have your written approval. Please fill out the attached form and return it to the campus office. If you have any questions concerning the program, please fill free to call.

Sincerely,

Campus Principal

I give permission for _____ to be in the Gifted and Talented Program starting with the next school year or the next grading period.

Parent's Signature _____ Date _____

PLEASE RETURN THIS FORM TO THE PRINCIPAL'S OFFICE AS SOON AS POSSIBLE

A los padres de _____,

Estamos contentos de comunicarles que _____ ha cumplido los requisitos del distrito para la entrada al programa dotado y talentoso (G/T). El programa es diseñado para proporcionar un plan educacional apropiado para los estudiantes dotados alistados en nuestras escuelas.

Siempre será bienvenido a visitar con el director de la escuela para repasar los resultados de su hijo/a. Favor de llamar a la oficina para establecer una cita.

Antes de que se pueda incluir oficialmente a su hijo/a en el programa dotado y talentoso debemos tener su aprobación por escrito. Llene por favor la forma adjunta y devuélvala a la oficina escolar. Si tiene preguntas referentes al programa, por favor siéntase libre de llamar a la oficina escolar.

Sinceramente,

Director de la escuela

Doy permiso para que _____ esté en el programa dotado y talentoso comenzando con el año escolar próximo o el siguiente periodo de clasificación.

Firma de Padre _____ Fecha _____

VOLVER POR FAVOR ESTA FORMA A LA OFICINA PRINCIPAL LO MÁS PRONTO QUE PUEDA

PEIMS Confirmation:

_____ PEIMS Clerks Initials

_____ Date of Entry

"PIISD does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provision of services, programs or activities."

Point Isabel Independent School District

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Superintendent of Schools

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Gifted and Talented Program

Date _____

To the Parents of _____,

After careful review of your child's assessments, the committee has determined that the best educational placement for your child is the regular education program. Our regular education programs provide many opportunities for your child to participate in a vertically aligned curriculum that provides challenging learning opportunities for all students in order to ensure that they are college and career ready.

You are welcome to visit with the school principal to review your child's scores. Please call the office for an appointment.

You should be proud that your child was considered for this program. If you have questions concerning the Gifted and Talented Program, please feel free to call. Attached is a copy of the appeal process.

Sincerely,
Campus Principal

Fecha _____

A los padres de _____,

Después de una cuidadosa revisión de las evaluaciones de su hijo, el Comité ha determinado que la mejor ubicación educativa de su hijo es el programa de educación regular. Nuestros programas de educación regular proporcionan muchas oportunidades para que su hijo participe en un programa de estudios alineados verticalmente que provee oportunidades de aprendizaje desafiantes para todos los estudiantes con el fin de garantizar que se encuentren preparados para la universidad y listos para una carrera.

Es siempre bienvenido a visitar el director de escuela para repasar los resultados de su hijo/a. Llame por favor a la oficina para una cita.

Siéntase orgulloso que su hijo/a fue considerado para este programa. Si tiene preguntas referentes al programa dotado y talentoso, siéntase libre de llamar.

Sinceramente,
Director Escolar

Point Isabel Independent School District

101 Fort Road
Port Isabel, Texas 78578
<http://www.pi-isd.net>



Dr. Lisa Garcia
Superintendent of Schools

Phone: 956-943-0000
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Gifted and Talented Program Student Transfer Form

Date: _____ Campus: _____

Student Name: _____ Grade: _____

Previous School Attended: _____ Grade _____

Address: _____

City, State: _____

Name of previous Gifted and Talented Program Attended _____

Criteria/Scores Reviewed

Committee Member's Signature

Date

Committee Member's Signature

Date

Committee Member's Signature

Date

Administrator's Signature

Date

Point Isabel Independent School District

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Port Isabel, Texas 78578
<http://www.pi-isd.net>



Dr. Lisa Garcia
Superintendent of Schools

Phone: 956-943-0000
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Gifted and Talented Program Parent Permission Form Admittance-Transfer Students

_____ has been enrolled in the Point Isabel School District's Gifted and Talented Program.

Point Isabel Independent School District has my permission to admit him/her into the Gifted and Talented Program.

Parent's Signature _____ Date _____

_____ ha sido enlistado en el programa dotado y talentoso del Distrito Escolar.

El Distrito Escolar de Puerto Isabel tiene mi permiso de admitir a mi hijo/a en el programa dotado y talentoso.

Firma del padre _____ Fecha _____

PEIMS Confirmation:

_____ PEIMS Clerks Initials

_____ Date of Entry

Point Isabel Independent School District

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Port Isabel, Texas 78578
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Dr. Lisa Garcia
Superintendent of Schools

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Gifted and Talented Program Letter to Parent on Exit Process

Dear Parents:

Attached please find a copy of the Exit Process that is used in the Gifted and Talented Program. Please read it carefully. The copy is for you to keep.

We hope the process will never be needed. If you have any questions, please call me.

Please sign and return the bottom part of this form within the next day or two.

Sincerely,

Campus Principal

.....
Student's Name _____ Grade _____

I have received a copy of the Exit Process for the Gifted and Talented Program.

Parent's Signature _____ Date _____

Estimados padres:

Favor de encontrar adjunta una copia del Proceso de Salida que se utiliza en el programa dotado y talentoso. Léalo por favor cuidadosamente. La forma es para guardarse.

Esperamos que el proceso nunca sea necesario. Si tienes preguntas, por favor de llamarnos.

Favor de firmar y regresar la parte inferior de esta forma dentro de uno o dos días.

Sinceramente,

Director de la Escuela

.....
Nombre de estudiante _____ Grado _____

He recibido una copia del "Proceso de Salida" para el programa dotado y talentoso.

Firma del padre _____ Fecha _____

Point Isabel Independent School District

101 Port Road
Port Isabel, Texas 78578
<http://www.pi-isd.net>



Dr. Lisa Garcia
Superintendent of Schools

Phone: 956-943-0000
Fax: 956-943-0014

Gifted and Talented Program Request for Furlough

Date: _____

Student: _____

Date of Birth: _____

Grade: _____

I, _____ would like to request a Furlough _____ to _____.
(Date) (Date)

At the end of this period, I understand that:

- A. My progress will be reassessed and I may re-enter the program or
- B. I can be removed from the program

Student's Signature _____

Parent's Signature _____

Selection Committee Member Signature _____

Fecha: _____

Estudiante: _____

Fecha de nacimiento: _____

Grado: _____

Yo, _____ me gustaría solicitar un Forma de Permiso _____ a _____.
(Fecha) (Fecha)

Al final de este período, entiendo que:

- A. Mi progreso será reexaminado y puedo entrar de nuevo en el programa o
- B. Puedo ser quitado del programa

Firma de Estudiante _____

Firma de Padre _____

Firma de Miembro de Comité de Selección _____

Gifted and Talented Program Matrix
 Grades Kindergarten – 11 (English)

Date: _____ Name: _____

Code: _____ Recommended for GT YES NO

School: _____

1. Raven

5	4	3	2	1
135+	134-130	129-126	125-123	122-120

2. Jacob K. Javits Rating Scale

5	4	3	2	1
20+	19-18	17-16	15-14	13

3. Achievement Tests
 (NWEA-MAP)

	3	2	1	
Reading	99-90%	89-80%	79-70%	
Language	99-90%	89-80%	79-70%	
Math	99-90%	89-80%	79-70%	

Total Points: _____
 (13/19 points)

Gifted and Talented Program Matrix
 Grades Kindergarten – Grade-11 (English)

Date: _____ Name: _____

Code: _____ Recommended for GT YES NO

School: _____

1. Raven

5	4	3	2	1
135+	134-130	129-126	125-123	122-120

2. Jacob K. Javits Rating Scale

5	4	3	2	1
20+	19-18	17-16	15-14	13

3. Achievement Tests
 (NWEA-MAP)

	3	2	1
Reading	99-90%	89-80%	79-70%
Language	99-90%	89-80%	79-70%
Math	99-90%	89-80%	79-70%

Total Points: _____

Kindergarten - Grade 11

Gifted and Talented Program Matrix
 Kindergarten - Grade 11 Spanish

Date: _____ Name: _____
 Code: _____ Recommended for GT YES NO
 School: _____

1. Raven

5	4	3	2	1
135+	134-130	129-126	125-123	122-120

2. Jacob K. Javits Rating Scale

5	4	3	2	1
20+	19-18	17-16	15-14	13

3. Achievement Tests
 (Logramos)

	3	2	1
Reading	99-90%	89-80%	79-70%
Language	99-90%	89-80%	79-70%
Math	99-90%	89-80%	79-70%

Total Points: _____
 (13/19 points)

Gifted and Talented Program Matrix
Kindergarten - Grade 11 Spanish

Date: _____

Name: _____

Code: _____

Recommended for GT YES NO

School: _____

1. Raven

5	4	3	2	1
135+	134-130	129-126	125-123	122-120

2. Jacob K. Javits Rating Scale

5	4	3	2	1
20+	19-18	17-16	15-14	13

3. Achievement Tests
(~~ITED~~/Logramos)

	3	2	1
Reading	99-90%	89-80%	79-70%
Language	99-90%	89-80%	79-70%
Math	99-90%	89-80%	79-70%

Total Points: _____

Kindergarten – Grade 11

Gifted and Talented Program Gifted/Talented Permanent Record Folder Checklist

_____ Parental Permission for GT Testing

_____ Parent Inventory (when available)

_____ Teacher Inventory (when available)

_____ Jacob K. Javits Rating Scale

_____ Parental Permission for Admittance to Gifted and Talented Program

_____ Parental Signature on Receipt of Exit Process

_____ Furlough or Probation Period Granted Prior to Exit (unless Parental Exit requested)

_____ Date Exited GT (if applicable)

Continued participation in program by year:

		Year in Program											
		K	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th
Year in Program													
Initial													

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Gifted and Talented Program Withdrawal Form

Date: _____ Grade: _____

Student: _____ Teacher: _____

Address: _____

Date of Birth: _____ Campus: _____

Number of years in Gifted and Talented Program _____

Probationary Status: YES NO

Total Points on the MATRIX _____ (Attachment Form L)

Currently on Furlough: YES NO

Gifted and Talented Program Grades: Excellent Average Below Average

Teacher Comments: _____

Participation in Extracurricular Activities/Contest: YES NO

Principal's Signature _____

G/T Teacher's Signature _____

PEIMS Confirmation:

_____ PEIMS Clerk's Initials

_____ Date of Entry

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Gifted and Talented Program Parent Request Exit Form

Date: _____ Grade: _____
Student: _____ Teacher: _____
Date of Birth: _____ Campus: _____

Number of years in Gifted and Talented Program _____

Gifted and Talented Program Grades: Excellent Average Below Average

Parent Request to Exit Student

I give permission for my son/daughter _____ to be exited from the Gifted and Talented Program. I understand that one full academic year must elapse before my son/daughter can be re-nominated for the Gifted and Talented Program using the most recent qualification standards.

Committee Member's Signature

Date

Committee Member's Signature

Date

Committee Member's Signature

Date

Parent's Signature

Date

Administrator's Signature

Date

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Programa Dotado y Talentoso Petición de los padres para Retiro de Estudiante

Fecha: _____ Grado: _____
Estudiante: _____ Maestro/a: _____
Fecha de nacimiento: _____ Escuela: _____
Número de años en el Programa Dotado y Talentoso _____

Grados del Programa Dotado y Talentoso: Excelente Promedio Debajo de Promedio

Petición de los padres para Retiro de Estudiante

Doy permiso a mi hijo/hija _____ para ser removido del Programa Dotado y Talentoso. Entiendo que un año escolar completo debe pasar antes de que mi hijo/hija puede ser nominado de nuevo al Programa Dotado y Talentoso usando los requisitos de calificación más recientes.

Firma de Miembro del Comité

Fecha

Firma de Miembro del Comité

Fecha

Firma de Miembro del Comité

Fecha

Firma de Padre

Fecha

Firma de director o de designad/a

Fecha

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Gifted and Talented Program School Initiated Exit Form

Date: _____ Grade: _____

Student: _____ Teacher: _____

Date of Birth: _____ Campus: _____

Number of years in Gifted and Talented Program _____

Gifted and Talented Program Grades: Excellent Average Below Average

The Exit Committee has met and reviewed your child's academic records. We feel at this time your child is not benefiting from the program. For this reason, we are holding this meeting to inform you that your child will be exited from the Gifted and Talented Program. Please be advised that one full academic year must elapse before your child can be re-nominated for the Gifted and Talented Program using the most recent qualification standards.

Committee Member's Signature

Date

Committee Member's Signature

Date

Committee Member's Signature

Date

Parent's Signature

Date

Administrator's Signature

Date

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Programa Dotado y Talentoso

Formulario de Salida Iniciado por la Escuela

Fecha: _____ Grado: _____
Estudiante: _____ Maestro/a: _____
Fecha de nacimiento: _____ Escuela: _____
Número de años en el Programa Dotado y Talentoso _____

Grados del Programa Dotado y Talentoso: Excelente Promedio Debajo de Promedio

El Comité de Salida ha encontrado y ha examinado los archivos académicos de su hijo/a. Por el momento su niño/a no se ha beneficiado del programa. Por esta razón, nos hemos reunido para informarle que su niño será retirado del Programa Dotado y Talentoso. Entiendo que un año escolar completo debe pasar antes de que mi hijo/hija puede ser nominado de nuevo al Programa Dotado y Talentoso usando los requisitos de calificación más recientes.

Firma de Miembro del Comité

Fecha

Firma de Miembro del Comité

Fecha

Firma de Miembro del Comité

Fecha

Firma de Padre

Fecha

Firma de director o de designad/a

Fecha

Point Isabel Independent School District

Gifted and Talented Nomination/Selection Committee

School Year _____ Date of Assessment: _____

Committee Signatures:

Student Nominated	Program			Grade Level	Nomination		Parental Permission		Jacob K. Jaavits Rating Scale	Raven	Achievement Test NWEA-MAP/Logramos			Assessment Results	
	Regular	Bilingual/ESL	Special Education		Parent	Teacher	Parental Permission for Assessment	Parental Permission for Admission into the Program			Reading	Language	Math	Qualified (Total Points)	Did Not Qualify (Total Points) Earned