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**SPRING SCREENING REFERRALS**

In an effort to greater serve students with advanced learning needs, Coleman ISD has open nominations for gifted and talented identification for students in 1st and 3rd through 11th grade each spring. If you are interested in having your child screened for Coleman ISD’s Gifted and Talented Program, please print the referral and permission form and return it to your child's school.

Students who were already screened this year must wait a full year before being retested. All kindergarten students were considered in the fall and 2nd grade students will be screened in the spring this year.

For screening timeline information, please visit our assessment calendar.

According to Dr. Bertie Kingore, "identification of gifted students is clouded when concerned adults misinterpret high achievement as giftedness. High-achieving students are noticed for their on-time, neat, well-developed, and correct learning products. Adults comment on these students' consistent high grades and note how well they acclimate to class procedures and discussions. Some adults assume these students are gifted because their school-appropriate behaviors and products surface above the typical responses of grade-level students."

Below is a list of characteristics to consider when nominating a child for GT screening:

| **A High Achiever** | **A Gifted Learner** |
| --- | --- |
| Remembers the answers | Poses unforeseen questions |
| Is interested | Is curious |
| Is attentive | Is selectively mentally engaged |
| Generates advanced ideas | Generates complex, abstract ideas |
| Works hard to achieve | Knows without working hard |
| Answers the question in detail | Ponders with depth and multiple perspectives |
| Performs at the top of the group | Is beyond the group |
| Responds with interest and opinions | Exhibits feelings and opinions from multiple perspectives |
| Learns with ease | Already knows |
| Needs 6 to 8 repetitions to master | Needs 1 to 3 repetitions to master |
| Comprehends at a high level | Comprehends in-depth, complex ideas |
| Enjoys the company of age peers | Prefers the company of intellectual peers |
| Understands complex, abstract humor | Creates complex, abstract humor |
| Grasps the meaning | Infers and connects concepts |
| Completes assignments on time | Initiates projects and extensions of assignments |
| Is receptive | Is intense |
| Is accurate and complete | Is original and continually developing |
| Enjoys school often | Enjoys self-directed learning |
| Absorbs information | Manipulates information |
| Is a technician with expertise in a field | Is an expert who abstracts beyond the field |
| Memorizes well | Guesses and infers well |
| Is highly alert and observant | Anticipates and relates observations |
| Is pleased with own learning | Is self-critical |
| Gets A's | May not be motivated by grades |
| Is able | Is intellectual |

Student Information

 Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_ Campus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your relationship to the student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Has your child been screened for the CISD GT program previously? \_\_\_\_\_\_\_\_\_\_\_\_

If Yes, what grade?\_\_\_\_\_\_\_\_

 Parent Information

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Observation Inventory

Please share any information or examples that you believe would help a committee understand your child more completely.

Why do you believe your son/daughter demonstrates a need for gifted services?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Deadline

Tuesday, February 27, 2024

This nomination allows the student to participate in the referral/screening process and be considered for inclusion in the GT program. Acceptance into the GT program will be based on assessment data and the district’s specific criteria.

As the parent/guardian of the student named above, I do hereby:

\_\_\_\_\_\_\_ I give my permission allowing my child to participate in a cognitive abilities test in the areas of

nonverbal, verbal, and quantitative reasoning as well as other GT screening measures during the

school day.

\_\_\_\_\_\_\_ I give my permission to participate in the Gifted and Talented program offered by Coleman

Independent School District If my child qualifies per Coleman ISD criteria.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date