



Gifted Learning Services
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Scottsdale, Arizona 85250

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2019-2020 Comprehensive Gifted Program (CGP) Application for Grades K-8

Student's name: _____
Last First Middle

School presently attending: _____ Grade in 2019-20: _____

Gender: Male _____ Female _____ Date of birth: _____ Present age: _____

Does your child have siblings attending SUSD Schools? If so, at which school(s)? _____

Parent's name(s): _____
Last First

Address: _____
Street City State Zip code

Parent's email: _____ Phone: _____

With this application you are applying for placement in the SUSD Comprehensive Gifted Program. Please rank order your locations of preference (i.e., 1st, 2nd 3rd).

- | | |
|---|---|
| _____ Hopi Elem. (Grades 3 rd -5 th) | _____ Desert Canyon MS (Grades 6 th -8 th) |
| _____ Kiva Elem. (Grades 4 th -5 th) | _____ Ingleside MS (Grades 6 th -8 th) |
| _____ Redfield Elem. (Grade K-5 th) | _____ Mohave MS (Grades 6 th -8 th) |

Do you live within the boundaries of the Scottsdale Unified School District? Yes _____ No _____

If you live within the SUSD Schools district boundaries, what is your home school? _____

Has your child previously been in the Comprehensive Gifted Program? Yes _____ No _____

If Yes, an interview is required for re-entry consideration. Students reapplying for the CGP must submit a completed Teacher Recommendation Form from both their current teacher and their last CGP classroom teacher.

Does your child currently have a 504 Plan or IEP? Yes _____ No _____

Does your child receive ELL services? Yes _____ No _____

The following must be attached to this application (Only complete application packets will be considered.):

- A copy of your child's most recent report card
- Completed Self-evaluation Form (See attached)
- Copy of gifted test scores
 - _____ My child was tested for gifted services in SUSD; therefore, the scores are on file in the office.
 - _____ My child was privately tested or tested in another district. Gifted test scores are included in this application packet. If student was privately tested with a psychologist, the full written report must be submitted.
 - _____ Copy of AZMerit. If AZMerit scores are unavailable, please submit alternative standardized achievement test results (such as SAT, ACT, WIAT, etc.).
- School discipline history for past and current years.

_____ I have given the Teacher Recommendation Form that is included in this application packet to my child's classroom teacher for completion. (Teacher Recommendation Forms must be sent directly from the teacher to the Gifted Department Office.)

Criteria for Admittance into the Self-contained Gifted Program*:

- Gifted qualification at 97%ile+ in two areas with a 90%ile+ in the third area **OR** a combined score of 284 **OR** IQ of 135+
- High achievement – AZMerit scores: minimum Meets (prefer Exceeds) in all areas tested, or 8th-9th stanines on other standardized achievement test.

School History

Previous school attended (name and location): _____

Has your child previously been double promoted? Yes___ No___ If Yes, what grade? _____

Has your child previously participated in a gifted program? Yes___ No___
If yes, what program model? _____

The Teacher Recommendation Form submitted by the student's current/most recent teacher is required for the application to be considered complete.

PARENT ATTESTATION

SUSD offers a range of gifted services to match the various needs of the District's gifted students. The Comprehensive Gifted Program (CGP) is designed for high achieving, highly and profoundly gifted students who require a more rigorous academic curriculum than most.

All students entering this highly specialized program will be placed on probationary status for the first year in the program to ensure that an appropriate placement has been made. _____
Initial

I believe that the information contained in this application is accurate. I understand that misrepresentation of any information in this application may result in the invalidation of the application and the program placement decision.

Child's Name (Please Print)

Signature (Parent/Guardian)

Date

*Test scores must be submitted with application



Student Self-evaluation 2019-2020 Comprehensive Gifted Program Grades K-8

Student name: _____
(First) (Last)

Self Rating

Please circle one response for each statement.

I demonstrate respect for other people.	Not often	Sometimes	Often
I get along with other students.	Not often	Sometimes	Often
I enjoy learning.	Not often	Sometimes	Often
I take responsibility for myself.	Not often	Sometimes	Often
I follow directions in class.	Not often	Sometimes	Often
I enjoy working on projects.	Not often	Sometimes	Often
I like to learn as much as possible about topics I find interesting.	Not often	Sometimes	Often

Student Statements

List the last two books you've read:

1. _____
2. _____

What is your favorite topic at this time? _____

In your own handwriting, please answer the following questions on another piece of paper:

- What do you think is the purpose of the Comprehensive Gifted Program (CGP) and why would you like to be part of the program?
- What is your idea of a great day at school?



**Do not return completed form to parent -
please mail or fax directly to the Gifted Office**

**Teacher Recommendation Form for 2019-2020
Comprehensive Gifted Program Grades K-8**

Student name: _____

Current school: _____ Current Grade _____

Teacher name: _____ Current or most recent teacher? Yes No

Please check any that apply. Student currently has: 504 IEP ELL status

Teacher Rating

Please circle the appropriate number

Student Attributes

Behavior 1..... 2..... 3..... 4
Behaviorally Challenged Generally well behaved

Communication 1..... 2..... 3..... 4
Unclear Clear

Maturity level 1..... 2..... 3..... 4
Very immature Very mature

Personality 1..... 2..... 3..... 4
Difficult Pleasant

Work Ethic 1..... 2..... 3..... 4
Weak Strong

Written expression 1..... 2..... 3..... 4
Illegible Highly legible

Learning Behaviors

Cooperative with others	1.....	2.....	3.....	4
	Has challenges working w/others			Works well with others
Creativity	1.....	2.....	3.....	4
	Concrete Thinker			Abstract thinker
Follows directions	1.....	2.....	3.....	4
	Needs considerable Redirection			Takes direction from teacher
Goal setting	1.....	2.....	3.....	4
	Shows little Motivation			Has high self-expectations
Independent worker	1.....	2.....	3.....	4
	Unable to work alone			Works well alone
Metacognition	1.....	2.....	3.....	4
	Unable to self-reflect			Recognizes own strengths & weaknesses
Pace	1.....	2.....	3.....	4
	Struggles to complete work			Completes information quickly
Problem solving	1.....	2.....	3.....	4
	Unable to problem solve			Applies rational decision making
Self-directed	1.....	2.....	3.....	4
	Requires significant Direction			Pursues own ideas

Teacher Comment

Briefly describe this student in comparison to others in your class.

May we contact you if we need further information about this applicant? Yes No

Telephone number _____ Email _____

Signature _____

Date _____

Thank you for your assistance in helping us select the most highly qualified students for this program.



The SUSD Comprehensive Gifted Program (CGP) 2019-2010 Parent Contract

The SUSD Comprehensive Gifted Program is designed for high-achieving, highly gifted students. As a specialized program that attempts to meet the learning needs of a small and specific group of gifted students, the District strives to ensure that the most appropriate placements are made based on student need. A contract specifying the participation criteria of this program has been developed with the goal of establishing a learning environment that leads to success in this highly advanced and accelerated program.

As a parent of a child in the program, I understand that students are expected to act in accordance with all policies of the Scottsdale Unified School District and the school by student attends. The four components described here establish the guidelines that determine my child's eligibility to participate in the Comprehensive Gifted Program. As a parent of a student in this program, I realize the importance of my child continuing to meet the expectations of the program and understand that his/her continuation in the program will be determined based on the following criteria:

- I. Academic Achievement – Students must demonstrate academic progress reflective of teachers' expectations.
- II. Personal Conduct – Students will demonstrate ethical use of technology and respectful behavior toward classmates and teachers.
- III. Interpersonal Communication – Parents and students will approach the teacher with concerns and/or questions within a reasonable time frame if/when an issue or concern arises.
- IV. Attendance and Work Ethic- Students will maintain a reasonable attendance record, will attempt and show evidence of producing quality work, and will utilize time productively.

I agree that if my child's conduct is not in accordance with the above criteria, then the following interventions will occur:

1. First Meeting – Teacher, student, and parent(s) will meet to set student goals. Documented goals will include specific timelines and steps my child is expected to make and interventions the teacher will make.
2. Second Meeting – Teacher, student, parent(s), and principal will meet to evaluate progress and re-evaluate student goals.
3. Probationary Period – If adequate progress has not been achieved, written notification of probationary status will document specific criteria that need to occur for continuation in the program.
4. Exit from the program – If adequate progress has not been achieved, an alternative placement in another SUSD gifted program will be recommended.

Parent signature

Date

Student's Name (Please Print)