



Kindergarten Comprehensive Gifted Program Application 2020-2021

Child's name: _____

Last

First

Middle

Name and location of preschool your child attended: _____

Date of birth: _____ Present age: _____ Gender: M ___ F ___

Parent/Guardian name(s): _____

Last

First

Address: _____

Street

City

State

Zip

Parents' email: 1. _____ Home Phone _____

2. _____ Cell Phone: _____

**With this application you are applying for placement in the
Comprehensive Gifted Program for Kindergarten at Redfield Elementary.**

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

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

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

Does your child currently have, or is being considered for an IEP? Yes ___ No ___

Gifted testing criteria for admittance into the Kindergarten Comprehensive Gifted Program:

Gifted testing scores of 97%ile+ in at least one area of gifted testing (Verbal, Quantitative or Nonverbal). A copy of qualifying gifted/psychological testing scores must be attached to this application. If the student was privately tested with a psychologist, the full written report must be submitted.

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

Only complete application packets will be considered. The first two weeks of attendance for all students accepted into the Kindergarten Comprehensive Gifted Program will be considered a trial period as determined by a site-based team.

Parent Signature

Date



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

**Teacher Recommendation Form for 2020-2021
Comprehensive Gifted Program Kindergarten**

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			Generally
	Challenged			well behave
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.