

Clifton Independent School District

Gifted and Talented Program Policies and Procedures

District Mission Statement

The mission of Clifton ISD, as the primary education provider, is to foster learning and to promote success by encouraging community values and meeting the diverse needs of all students.

Definition of Giftedness (TEC.29.121)

A “Gifted and Talented” student is a child or youth who performs at or shows the potential for performing at a remarkably high level of accomplishment when compared to others of the same age, experience, or environment, and who exhibits high performance capability in an intellectual, creative or artistic area; possesses an unusual capacity for leadership; or excels in a specific academic field. Statistically, between 3% and 5% of the population is Talented/Gifted. The purpose of identification is to meet individual students’ needs, not to label.

Gifted Program

The Clifton Independent School District is committed to providing an educational program in which each student can develop their needs, talents, and abilities as a gifted and talented student. Gifted students need a differentiated program that provides a time frame for academic work with other gifted students as well as time for creative self-directed projects. CISD provides appropriate educational services for identified gifted and talented students as part of its K-12 program. It is the goal of the district to identify all students with exceptional ability or the potential for exceptional ability, regardless of ethnic or economic background, in the areas of general intellectual ability, specific subject matter aptitude, and creative and productive thinking ability, and to provide them with planned programs that are taught by teachers trained in gifted education.

CISD Referral Procedures

Students may be referred for the gifted and talented program by any person familiar to the student’s abilities, potential, and performance. Those nominating students for the program may include, but not limited to: parents, members of the school faculty/staff, and/or community members. Students may be referred again after a year has passed.

Referral forms will be available in the counselor’s office at each campus. Forms should be completed and returned to the campus counselor. Referrals will not be accepted if turned in after the due date which is noted on the referral form. Information regarding nomination may be provided in languages that the families of nominated students are able to understand or an interpreter will be provided.

CISD Referral and Identification Timeline

Kindergarten:	
Referral procedures published in local newspaper and on district website.	December
Screenings and assessments will be conducted after written parental permission is obtained. The deadline to nominate is January 31.	January 31
Talented/Gifted committee meets to review screenings and assessments and parent notification letter will be mailed home.	February
Services begin for identified students.	March 1st
1st-12th Grade:	
Referral procedures published in local newspaper and on district website.	December
Referrals accepted from parents, teachers, or community members.	January 31
Screenings and assessments will be conducted after written parental permission is obtained. The deadline to nominate is January 31.	February-April
Talented/Gifted committee meets to review screenings and assessments.	May
Parent notification letters will be mailed home.	June
Services begin for identified students.	September

Transfer Students

In the event that an identified student from Clifton ISD transfers out of the district, CISD will send documentation of GT identification along with other records of the student to the receiving district.

When a student transfers in with GT status to Clifton ISD, the campus GT coordinator will review the student's records to compare with our district identification profile. If the previous school records compare to our district profile, the campus GT coordinator can make the decision to place the student in the Clifton ISD GT program. If there are major discrepancies or not enough evidence between our district profile and previous school records, the GT committee will meet to determine placement or further assessment, if needed. The campus GT coordinator or GT committee will make its determination within 6 weeks of the student's enrollment in Clifton ISD.

Data Collection

The campus GT coordinator, campus counselor, or another designee will be responsible for collecting nomination forms and gathering data. Written parental/guardian consent will be obtained before any formal testing or individual assessment is conducted as part of the program screening. Assessment for the GT program will include measures collected from multiple sources for each area of giftedness served by Clifton ISD. Data and procedures used to identify students for the GT program will include both qualitative and quantitative measures and will assure that all populations have access to assessment and, if identified, services offered as part of the program.

Clifton ISD Identification Measures

Quantitative

Cognitive Ability Measures- CogAT

- Verbal
- Quantitative
- Non-Verbal

Achievement Measures- SAGES

- Math/Science
- Language Arts/Social Studies
- Reasoning

Qualitative

SIGS

- Parent Inventory
- Teacher Inventory

Other Data That May Be Reviewed

- State Assessments
- Benchmark Inventories
- Grades

Summary of Evaluation Tools:

Cognitive Abilities Test (CogAT): The CogAT is a reasoning and problem-solving test commonly used for qualifying Kindergarten - 12th grade students for gifted and talented programs. The CogAT measures the level and pattern of cognitive development of a student compared to same age peers and same grade peers. These general reasoning abilities, which start developing at birth and continue through early adulthood, are influenced by experiences gained both in and out of school. In addition, the CogAT measures students' learned reasoning abilities in the three areas most linked to academic success in school. CogAT does not measure such factors as effort, attention, motivation, and work habits, which also contribute to school achievement.

CogAT measures three different cognitive abilities:

- **Verbal Battery**
 - Measures flexibility, fluency, and adaptability in reasoning and verbal materials and in solving verbal problems. These reasoning abilities play an important role in reading comprehension, critical thinking, writing, and virtually all verbal learning tasks.
- **Quantitative Battery**
 - Measures quantitative reasoning skills, flexibility and fluency in working with quantitative symbols and concepts, and the ability to organize, structure, and give meaning to an unordered set of numerals and mathematical symbols. These reasoning skills are significantly related to problem solving in mathematics and other disciplines.
- **Non-Verbal Battery**
 - Measures reasoning using geometric shapes and figures. To perform successfully, students must invent strategies for solving novel problems. They must be flexible in using these strategies and accurate in implementing them.

CogAT Standard Age Score	Very Low	Below Average	Average	Above Average	Very High
Verbal, Non-verbal, & Quantitative	50-72	73-88	89-111	112-127	128-150

Screening Assessment for Gifted Elementary Students (SAGES): Screening Assessment for Gifted Elementary and Middle School Students assesses aptitude and achievement to identify gifted students. The Reasoning subtest measures aptitude; the Mathematics/Science and Language Arts/Social Studies subtests measure achievement. Test terms on the SAGES-2 require not only recall, but also understanding and application of ideas and concepts in the content areas.

Scales for Identifying Gifted Students (SIGS): The Scales for Identifying Gifted Students is a norm-referenced rating scale designed to assist school districts in the identification of gifted students. The SIGS assesses seven areas: general intellectual ability, language arts, mathematics, science, social studies, creativity, and leadership, and each area is assessed at home and at school. In addition, SIGS is an observational instrument (qualitative) which is used for ages 5-15.

Screening and Selection:

Any student not yet identified for GT services may be nominated at any time; however, the screening timeline outlined in the above chart will be followed. Students may be referred again after a year has passed. The nomination process will follow the schedule on page two. Each campus will have their own GT committee.

- A GT committee comprised of at least three (3) professional educators who have received training in the nature and needs of gifted students will review assessments and make determinations.
- The committee will plot evaluation results on the identification profile.
- General Norms on the SAGES and SIGS will be used rather than Gifted Norms.
- At least two categories on the CogAT with a recommended Student Age Score of 124 or higher.
- At least one category on the SAGES with a recommended Quotient Score of 121 or higher.
- At least one score on either the SIGS parent or SIGS teacher with a recommended score of 120 or higher.
- Students, whose primary language is not English, will be assessed in the language they understand or with nonverbal based tests.
- The GT committee may consider additional criteria, if needed in order to make a determination.

Clifton ISD Identification Measures

Quantitative	Qualitative
Cognitive Ability Measures- CogAT <ul style="list-style-type: none"> • Verbal • Quantitative • Non-Verbal Achievement Measures- SAGES <ul style="list-style-type: none"> • Math/Science • Language Arts/Social Studies • Reasoning 	SIGS <ul style="list-style-type: none"> • Parent Inventory • Teacher Inventory
	Other Data That May Be Reviewed <ul style="list-style-type: none"> • State Assessments • Benchmark Inventories • Grades

Qualifying Measures

- A recommended Standard Age Score of 124 or higher on two out of three categories on the CogAT
- A recommended Quotient score of 121 or higher on one out of three categories from the SAGES
 - A recommended score of 120 or higher on either the parent or teacher SIGS

Students must qualify in both of the quantitative and qualitative categories.

Parent Notification

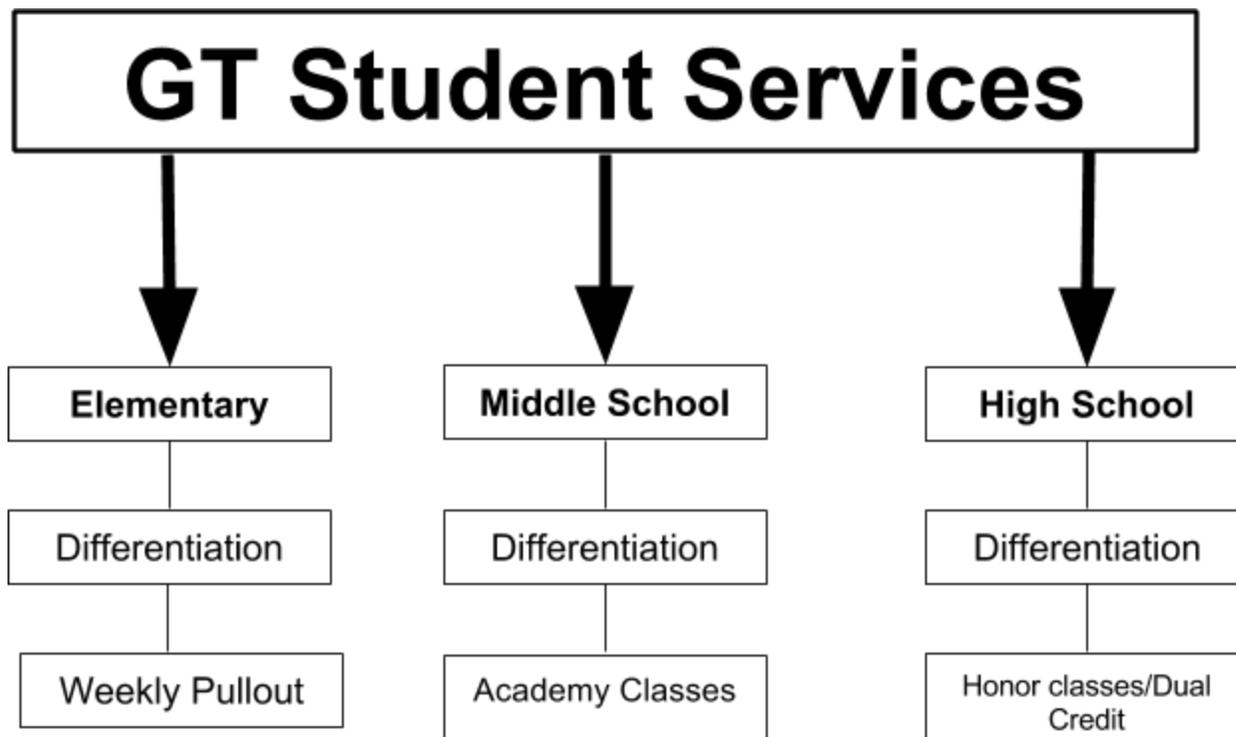
Parent/guardian will be notified in writing whether the student does meet GT criteria or does not meet GT criteria. The district will obtain written permission from parent/guardian before the identified student is served through the GT program.

CISD Program Design and Services

Clifton ISD will offer a flexible system of viable program options throughout the district that provide a learning continuum and reinforce the strengths, needs, and interests of GT students. The district will provide an array of learning opportunities that are commensurate with the abilities of GT students and emphasize content in the 4 core academic areas. Once qualified, services will be available during the school days as well as the entire school year. Parents will be informed of the educational options available to identified students.

The curriculum within the GT program is designed to develop and reinforce skills in logic and problem solving, research and communication, divergent thinking, and critical and creative thinking. GT students should be given a challenging and stimulating environment in order to assist them in developing their full potential. Gifted and Talented activities in the regular classroom can include participation by some or all students since all students can benefit from emphasis on higher-order thinking skills. GT students will periodically meet across grade levels for enrichment, field trips, mentorships, and preparation for academic competition.

Teachers who provide instruction and services that are a part of the GT program and curriculum will have an initial thirty clock hours of staff development that includes: Nature and Needs of GT students, Assessing Student Needs, and Curriculum and Instruction for gifted students and will receive a minimum of six hours annually of professional development in gifted education. Administrators and counselors who have authority for program decisions will have a minimum of six hours of professional development that includes the Nature and Needs of GT students and program options for GT students.



Exiting of Students from GT Program Services

- Student performance in the program will be monitored on a regular basis.
- A student may be exited from the program at any time the GT committee determines it is in the best interest of the student. Parents of the student and the student him/herself may be given an opportunity to meet with the GT committee to discuss the decision.
- Instances where an identified student or parent/guardian decides that it would be best for the student to exit the program, the student or parent must submit a written request for the desired exit from the program to the GT committee.

Probationary Policy

- Students must be passing all classes at the conclusion of each six weeks. Passing means 70 or above.
- Students lose eligibility for a three-week period.
- Students may regain eligibility an unlimited number of times throughout the school year. Passing means a minimum grade of 70 on all courses (except identified advanced classes).

Furlough Policy

A furlough is a temporary “leave of absence” from the GT services that is designed to meet the individual needs of an identified student. A furlough does not indicate a permanent exiting of GT services. Furloughs may be utilized for a variety of extenuating circumstances. A student may be granted a furlough from services for various issues such as over-commitment, family concerns, serious illness, or other circumstances which would inhibit or curtail the student’s performance in the GT program. The campus selection committee may grant a furlough at the request of the student and parent/guardian. The purpose of such a furlough is to provide the student an opportunity to attain performance goals established by the team. At the end of each school year, the campus selection committee shall review the furlough and the student may re-enter the program, be placed on another furlough, or be exited from the program. GT students on furlough for more than six weeks (or during the window of PEIMS accounting) shall not be counted on PEIMS as gifted and talented.

Appeals Policy

- Parents/guardians, students, teachers, and/or other interested parties may appeal any decision made by the GT committee regarding placement in, or removal from, the GT program. The appeal letter must be submitted within 10 school days of receipt of the parent/guardian letter from Clifton ISD indicating the committee’s initial decision.
- Appeals must be submitted in writing to the campus administrator who will present the appeal to the GT committee. The team will review the appeal, meet with parties filing the appeal to discuss concerns, review data (including any additional information or data gathered as a result of the appeal), and make a determination regarding placement of the student in question.
- Parents/guardians will be notified in writing of the team’s recommendations and decisions.

Procedure for Appeals

1. All appeals are sent to the campus principal.
2. The GT committee is notified of the appeal.
3. The committee meets and determines needs for services or if more information or testing is needed.
4. The committee notifies the parent/guardian of the decision.

For more information and state guidelines in reference to GT assessment, professional development, student services, and program accountability you may visit our Texas Education Agency website.

https://tea.texas.gov/Academics/Special_Student_Populations/Gifted_and_Talented_Education/Gifted_Talented_Education/

Date sent _____ Date received _____

Clifton ISD Gifted and Talented Referral Form

Section A: General Information

 First name Middle Name Last name Date of Birth (mm/dd/yyyy)

 Current School Grade Teacher's Name

Parent/Guardian: _____ Phone Number: _____

Home address: _____
 (Street Address or PO Box) (City, State, Zip)

Nominated by: _____
 Parent/Guardian Teacher Other: _____

Section B: Previous GT Screening

Has the student previously been screened for a gifted program:
 by this district? **yes no** by another district? **yes no**

If screened by another district: District name _____ In which grade _____

Did the student qualify? **yes no** Date _____ **Attach copies of screening matrix and/or profile**

Was the student an active participant in the gifted program until withdrawal
 from the previous district? **yes no**

Name of Program: _____ School: _____

Contact Person: _____ Address: _____

Phone: _____ City, State, Zip: _____

Clifton ISD Gifted and Talented Program Permission to Test for Identification

Date: _____

Dear Parent(s)/Guardian(s):

Your child, _____, has been nominated by you, his or her teacher, or some other party to participate in programs and services that are a part of the Gifted and Talented Program in Clifton Independent School District. To determine whether or not such a program is the most appropriate placement for your child, data must be gathered. Data used in the screening process may include, but will not be limited to, the following criteria:

- 1) Cognitive Abilities Measure
- 2) Achievement Measure
- 3) Gifted and Talented Screening Instruments
- 4) Parent/Teacher inventory

We will not administer tests and gather the data needed without your permission. Please complete the form on this page and return it to _____ as soon as possible to indicate whether or not you grant your permission for your child to be tested for the program. You will be notified as to the decision the GT Committee upon completion of the review of the required data, should you give permission for your child to be tested. Thank you for working with Clifton ISD to provide quality education for our students.

Gifted and Talented Program Campus Coordinator

As the parent/guardian of _____, I do hereby:

(please check one)

_____ give my permission to have my child tested for the Gifted and Talented program offered by Clifton ISD.

_____ acknowledge the fact that my child has been nominated for the Gifted and Talented Program, but do not want my child tested for the program.

Signature _____

Date _____

**Clifton ISD Gifted and Talented Program
Permission to Participate in Program Services**

Date _____

To the Parent(s)/Guardian(s) of _____,

The GT Committee has completed the review of data collected, as required in the Clifton Independent School District Gifted and Talented Program Plan and approved by the Board of Trustees. After careful review of the data, it has been determined that placement in the Gifted and Talented Program would provide the best educational environment to meet the academic and affective needs of your child.

Clifton ISD will offer program options throughout the school year that provide a learning continuum and reinforce the strengths, needs, and interests of GT students. Identified students will be served with curriculum designed to meet the needs of GT students in several ways. Our GT Coordinator/Teacher will conduct a GT pullout class on a weekly basis. Gifted students will also be given the opportunity to be in classrooms of teachers who have received a minimum of thirty hours of training in the area of gifted and talented education as required by the state.

This program is designed to offer identified students curriculum that meets their educational needs, not to burden them with more work. We want you to understand that the program will introduce your child to more complex, in-depth content.

If you agree that this program is the appropriate placement for your child and you would like for him/her to participate in the programs/services offered for gifted students, please sign the permission slip on this page and return it to _____ as soon as possible so that he or she may receive GT services beginning _____. Thank you for your continued support in helping Clifton ISD provide quality educational experiences for our students.

As the parent/guardian of _____, I do hereby:

(please check one)

_____ give my permission for my child to participate in programs/services offered as part of the GT program offered by Clifton ISD.

_____ do not give my child permission to participate in the programs/services offered as part of the GT program offered by Clifton ISD.

Signature _____

Date _____

**Clifton ISD Gifted and Talented Program
Denial of Services**

Dear Parent/Guardian of _____,

The Gifted and Talented (GT) Committee has completed its consideration of your child's eligibility for gifted education services. The review process included an overall assessment of available information about the potential and performance of your child. At this time the committee does not find your child eligible for gifted program services.

The committee recognized that your child exhibits strengths that should be addressed in the general education program. The assessment information used by the GT Committee will be shared with your child's teachers, so that they may become more aware of your child's advanced areas and work to encourage (her, him) to take advantage of other classroom and school-wide enrichment opportunities. If you would like to discuss the results of the committee's review, please call the school to schedule a time to speak with our GT Coordinator.

Sincerely,

GT Coordinator

**Clifton ISD Gifted and Talented Program
Request for Furlough from Program**

Date of request _____

Student Name _____

Grade Level _____

Person requesting placement review _____

Relationship to student _____

Reason for request:

GT Committee-

Recommendations/Decisions

_____ Exit student from program/services

_____ Furlough student for _____ (length of time)

_____ Schedule meeting with parents

_____ Gather additional data

Date _____

Team Members: _____

**Clifton ISD Gifted and Talented Program
Request for Exit from Program**

Date of request _____

Student Name _____

Person requesting placement review _____

Relationship to student _____

Reasons for request

GT Committee Recommendations/Decision

____ Exit student from program/services

____ Furlough student for _____ (length of time)

____ Schedule meeting with parents

____ Gather additional data

Date _____

Members: _____

Clifton ISD Gifted and Talented Appeal Form

A student or parent must complete the following form to file an appeal under policy HDBB (local). Appeals must be processed in accordance with Board Policy EHBB(local)

Student Name: _____

Parent/Guardian Name: _____

Grade: _____

Parent/Guardian phone number: _____

Date of decision being appealed: _____

Please state the decision being appealed:

Please state the nature of your disagreement with the district decision regarding selection for the Gifted and Talented program. (You may attach supporting documents if applicable.)

Please describe any additional information you desire the committee to consider:

Parent/Guardian Signature

Date

	For Administrative use only	
Date Level 1 Appeal Received _____	Date of district appeal meeting _____	Date of district committee decision _____
Appeal Committee Member	Appeal Committee Member	Appeal Committee Member
Appeal Committee Member	Appeal Committee Member	Appeal Committee Member

Clifton ISD Gifted/Talented Student Identification Profile Date of Review: _____

Student: _____ Grade: _____ Teacher: _____

Birthdate: _____ Age: _____ yr _____ mos.

Date of Testing: _____ Source of Referral: _____

At least two categories on the CogAT with a recommended Standard Age Score of 124+

At least one category on the SAGES with a recommended Quotient Score of 121+

At least one score on either the SIGS parent or SIGS teacher with a recommended score of 120+

CISD Qualifications	Very Low	Below Average	Average	Strong Average	Above Average	Very High
CogAT	50-72	73-89	90-117	118-123	124-127	128-150
Verbal						
Quantitative						
Non-Verbal						

Probability of Giftedness	Somewhat Unlikely to Very Unlikely	Unlikely	Possibly	Likely	Very Likely
SAGES	80-89	90-110	111-120	121-130	130+
Math/Science					
Language Arts/ Social Studies					
Reasoning					
SIGS Teacher	80 - <70	90-109	110-119	120-129	130+
General Intellectual Ability					
OR					
SIGS Parent	80 - <70	90-109	110-119	120-129	130+
General Intellectual Ability					

Committee Signatures: _____

_____ Accepted to participate in the GT program

_____ More information needed

_____ Not accepted at this time

*If more information will be reviewed for acceptance into the program it will be attached to this profile form.