



Spring Branch Independent School District

Advanced Academic Studies

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ELEMENTARY Testing for the SBISD GT Program, Summer 2010

This testing is only open to students going into grades 1 through 5 who are enrolling in SBISD from private, international, or out-of-state schools.

The Spring Branch ISD Gifted and Talented Program serves students who are gifted in intellectual ability (approximately 5% of a population). We identify elementary students for services in mathematics & science, language arts & social studies, or all four core subject areas.

Previously Identified GT Students

If your child has been previously identified for a gifted program, we will review his/her identification data from the previous district to determine if additional testing is necessary to qualify for the SBISD GT Program. The best way to provide us this data is to send us copies of your child's most current testing and documentation that your child was labeled as GT. The sooner we receive this information the better. We must have it **before the summer testing registration deadline** so we may determine if your child needs to do summer testing. If you cannot provide this information, your child must register for summer testing.

Students NOT Previously Identified as GT

Students new to the district who previously attended private, international, or out-of-state schools and want to be considered for the GT program **must register with the Advanced Academic Studies Department by August 2nd**. To register you must submit the following:

- 1) Completed Elementary Referral Form (attached)
- 2) Copies of recent testing information (achievement tests, private testing, aptitude tests, etc.)
- 3) At least one Classroom Teacher Rating Scale completed by a teacher from your child's previous school (attached)

Incomplete information will delay placement into the GT program, so please submit all necessary records by August 2nd.

Both phases of the evaluation process will take place at an elementary school in SBISD which will be announced. The first phase of the process will occur on **Monday, August 9th** at 8:30 am and will consist of three open-ended activities. Students do not need to study or prepare for these activities. The room is often cool, so your child may wish to bring a sweater or sweatshirt to wear during any portion of the evaluation process. Plan to pick up your child at 10:30 am.

You will be notified *via email* by mid-day Tuesday, August 10th as to whether your child qualifies to proceed to the second phase of the process. Students who qualify for the second phase will be administered an abilities test on the morning of **Wednesday, August 11th**. Testing will begin at 8:30 am. Testing times vary greatly by student and by grade level group. Some groups test much faster than others and some much slower. The test administrators work to ensure the best possible testing situation. Most groups will be finished around 11:00 am. Students entering grades 1 and 2 are more likely to finish early.

Please arrange your calendar to have your child available to attend both evaluation days if needed.

Remember, the first step is to register with our office by August 2nd.

Sincerely,

Lynette Breedlove, Ph.D.

Inspiring minds. Shaping lives.

Duncan F. Klussmann, Ed.D., Superintendent of Schools

www.springbranchisd.com

Spring Branch ISD Gifted and Talented Program Elementary Parent Referral Form

Attention Parent: In order for your child to be considered for the Spring Branch ISD Gifted and Talented (GT) Program, you must give your permission. You are only giving permission for your child to be evaluated for the program. If your child is identified as needing the special educational services provided by the GT Program, you will be sent a permission form for his/her participation in the program.

Student Name: _____ School: _____
Last First MI

Date of Birth: ____/____/____ Current Grade Level: ____ Home Room Teacher: _____

Address: _____ Phone #: _____
Street City Zip

Email: _____

Please be sure to list an email address you can check during working hours on Tuesday, August 10th.

I give permission for my child, named above, to be evaluated for the Spring Branch ISD GT Program.

 Printed Parent Name Parent Signature Date

Please complete the rest of this form so that we may better understand your child's needs.

Tell us which of the behaviors listed below are shown by your child as compared to other children of the same age. Please check the appropriate boxes. *You are welcome to provide written examples for each item, especially for those which you selected "almost all the time."*

Almost all the time Often Occasionally Seldom or never

1 Solves problems in many different ways.

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For example:

2 Displays a clever sense of humor (intellectually playful).

--	--	--	--

For example:

3 Often foresees a variety of possible outcomes in a situation.

--	--	--	--

For example:

4 Displays leadership qualities.

--	--	--	--

For example:

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Almost all the time	Often	Occasionally	Seldom or never

5 **Is very observant and notices details others miss.**

For example:

6 **Becomes extremely interested in a topic.**

For example:

7 **Sees relationships between different ideas and objects.**

For example:

8 **Learns very quickly.**

For example:

9 **Has a large vocabulary.**

For example:

10 **Displays originality.**

For example:

11 **Is very curious about many things.**

For example:

12 **When you compare your child with others the same age, do you think he/she is:**

- _____ **about average**
- _____ **somewhat above average**
- _____ **considerably above average**

**CLASSROOM TEACHER RATING SCALE
SPRING BRANCH ISD GIFTED & TALENTED PROGRAM**

Student's Name _____ Teacher _____ Subject _____ Grade _____

The purpose of this teacher rating scale is to assess a student's gifted characteristics for possible inclusion in the gifted program. The classroom teachers who work with students on a daily basis are best qualified to make these observations. This inventory has been devised to measure a student's characteristics in the areas of learning, motivation and general domains.

Please circle the number that reflects the degree to which you have observed the presence of each gifted characteristic. Please make any comments you feel will be helpful in considering this student for placement in the gifted program.

1 = not able to observe 2 = seldom or occasionally exhibits 3 = often 4 = almost all the time

GENERAL CHARACTERISTICS

- | | | | | |
|---|---|---|---|---|
| (1) Displays a great deal of curiosity about many different things | 1 | 2 | 3 | 4 |
| (2) Generates ideas or solutions to problems | 1 | 2 | 3 | 4 |
| (3) Possesses a keen sense of humor | 1 | 2 | 3 | 4 |
| (4) Demonstrates ability in oral expression | 1 | 2 | 3 | 4 |
| (5) Demonstrates ability in written expression | 1 | 2 | 3 | 4 |
| (6) Chooses to read when tasks are completed or instead of assigned tasks | 1 | 2 | 3 | 4 |

LEARNING CHARACTERISTICS

- | | | | | |
|---|---|---|---|---|
| (1) Has an advanced vocabulary | 1 | 2 | 3 | 4 |
| (2) Has a large storehouse of information on a variety of topics | 1 | 2 | 3 | 4 |
| (3) Demonstrates quick mastery and recall | 1 | 2 | 3 | 4 |
| (4) Is a keen, alert observer; usually "gets more" or "sees more" in a story
film, problem, etc. | 1 | 2 | 3 | 4 |
| (5) Converses about independent reading that interests him/her | 1 | 2 | 3 | 4 |
| (6) Reasons for himself; sees logical and common sense answers | 1 | 2 | 3 | 4 |

MOTIVATIONAL CHARACTERISTICS

- | | | | | |
|--|---|---|---|---|
| (1) Concerned with right and wrong | 1 | 2 | 3 | 4 |
| (2) Becomes absorbed and involved in topics or problems | 1 | 2 | 3 | 4 |
| (3) Is independent and self-sufficient on task assignments | 1 | 2 | 3 | 4 |
| (4) Sets high personal goals and expects to see results | 1 | 2 | 3 | 4 |
| (5) Seeks own answers and solutions to problems | 1 | 2 | 3 | 4 |
| (6) Tends to direct the activities of peers | 1 | 2 | 3 | 4 |

NEED JUSTIFICATION

Specify those needs listed below which might be more appropriately met by placement in a gifted class. Check each item that applies to this student.

- ___ ability above regular class curricula
- ___ social maturity above classmates
- ___ interest far advanced for regular class work
- ___ needs stimulation of advanced program

Comments: _____

Signature of person completing this form _____ Date _____