



## Spring Branch Independent School District

### Advanced Academic Studies

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Lynette Breedlove, Ph.D., Director

### SECONDARY Testing for the SBISD GT Program (SPIRAL), Summer 2010

**This testing is only open to students going into grades 6 through 12 who enrolled in an SBISD school after the regular GT testing period was over, including during the summer.**

The Spring Branch ISD Gifted and Talented Program is called SPIRAL. SPIRAL serves students who are gifted in intellectual ability (approximately the top 5%). At the secondary level, we identify students for GT 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 2<sup>nd</sup>**. To register you must submit the following:

- 1) Completed Secondary Referral Form (attached)
- 2) Copies of recent testing information (achievement tests, private testing, aptitude tests, etc.), if available
- 3) Completed Classroom Teacher Rating Scales for each core subject area (attached)

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

The first phase of the evaluation process will take place on **Monday, August 9<sup>th</sup>** at 11:00 am at an elementary school in SBISD (to be announced at a later date). It 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 12:30 pm.

You will be notified *via email* the same afternoon, Monday, August 9<sup>th</sup>, 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 **Tuesday, August 10<sup>th</sup>**. The location of this phase will have to be set. Testing will begin at 8:30 am. Testing times vary greatly. Some groups test much faster than others and some much slower. The test administrators work to ensure the best possible testing situation. Plan to pick up your child at 11:00 am.

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 2<sup>nd</sup>.**

Sincerely,

Lynette Breedlove, Ph.D.

*Inspiring minds. Shaping lives.*

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

[www.springbranchisd.com](http://www.springbranchisd.com)

**Spring Branch ISD Gifted and Talented Program  
Secondary 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: \_\_\_\_\_  
Last
First
MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade Level: \_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Street
City
Zip

**Email Address:** \_\_\_\_\_

Please list an email address you can check during the day on Monday, August 9<sup>th</sup>.

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

\_\_\_\_\_  
 Printed Parent Name Parent Signature Date

**Attention STUDENT:** We collect information from various sources and through a variety of measures. We want some direct information from you about you. Please complete the rest of this form so that we may better understand you and your needs. You are welcome to discuss the questions with your parents to help you complete the form.

Tell us how often you experience the characteristics below. 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."*

**1 Are you a perfectionist? Do you set high standards for yourself and others?**

For example:

\_\_\_\_\_

\_\_\_\_\_

Almost all the time	Often	Occasionally	Seldom or never

**2 Do you have strong ideas and feelings about fairness and justice?**

For example:

\_\_\_\_\_

\_\_\_\_\_

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**3 Are you highly sensitive, perceptive, or insightful?**

For example:

\_\_\_\_\_

\_\_\_\_\_

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**Go on to page 2**

Almost all the time  
Often  
Occasionally  
Seldom or never

4 Do you feel out of sync with others? Are there few people who really “get” you?

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For example:

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5 Are you fascinated by words or an avid reader?

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For example:

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6 Are you extremely curious?

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For example:

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7 Do you have an unrelenting (and possibly off-the wall) sense of humor?

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For example:

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8 Are you a good problem solver?

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For example:

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9 Do you question rules or authority? Do you need an explanation for why the rules or expectations are as they are?

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For example:

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10 Do you connect ideas that others don’t see as related? Do people tell you that you have a great imagination?

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For example:

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11 Do you learn things very rapidly, without repetition? Do you have a good long-term memory?

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For example:

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Go on to page 3
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Almost all the time  
Often  
Occasionally  
Seldom or never

12 **Do you have so many interests and abilities that it is hard to focus your energies on developing any of them to your satisfaction?**

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For example:

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13 **Do you have a great deal of energy? Do you have trouble turning off your thinking?**

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For example:

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14 **Are you really intense about some things or have intense feelings?**

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For example:

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15 **Do you love ideas, debates, and in-depth discussions?**

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For example:

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16 **Do you need time for contemplation, to really think, and to just be alone?**

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For example:

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17 **Do you have a large vocabulary? Do you use words that you have to explain to other kids your age?**

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For example:

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18 **If there is anything we haven't asked about that you'd like to share with us, tell us below.**

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**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<br>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 \_\_\_\_\_

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Comments: \_\_\_\_\_  
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**CLASSROOM TEACHER RATING SCALE**  
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