



Self-contained Gifted Program Application for Grades 1-6
2020-2021 Application

Child's name Last First Middle

School presently attending: Grade in 2019-2020:

Date of birth: Present age: Gender: M F

Does your child have siblings attending PV Schools? Yes No If so, at which school(s)?

Parent's Name(s): Last First

Address: Street City State Zip

Parents' email: 1. Phone:

Parents' email: 2. Phone:

With this application, you are applying for placement in the PV Schools Self-contained Gifted Program for grades 1-6. Please order your locations of preference (i.e., 1st, 2nd, 3rd, 4th, 5th).

- Desert Cove Elementary School
Fireside Elementary School
Desert Trails Elementary School
North Ranch Elementary School
Sonoran Sky Elementary

Do you live within the boundaries of the Paradise Valley Unified School District? Yes No

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

Has your child previously been in the PVUSD Self-contained Program? Yes No

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

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

Has your child had a 504 Plan or an IEP in the past? Yes No

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

1. A copy of your child's most recent report card.
2. Completed Self-evaluation Form (see attached)
3. Copy of gifted test scores
  - a. \_\_\_\_\_ My child was tested for gifted services in PVUSD; therefore, the scores are on file in the office
  - b. \_\_\_\_\_ My child was privately tested or tested in another district. Gifted test scores are included in this application packet. If the student was privately tested with a psychologist, the **full** written report must be submitted.
4. Copy of AzMerit. If AzMerit scores are unavailable, please submit alternative standardized achievement test results (such as SAT, ACT, WIAT, etc.).
5. 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 Education Office.**

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

- Gifted qualification at 97%ile+ in two areas (preferably verbal and quantitative) with a 90%ile+ in the third area OR IQ of 140+
- High achievement -- AzMerit scores: minimum Proficient (prefer Highly Proficient) in all areas tested or 8th-9th stanines on another standardized achievement test.

School History

Previous school attended (name and location): \_\_\_\_\_

Has your child previously been grade skipped? 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**

PVUSD offers a range of gifted services to match the various needs of the District's gifted students. The Self-contained Program 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 their 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 this application and the program placement decision.

\_\_\_\_\_  
Child's Name (Please Print)

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

## Self-contained Gifted Program Application for Grades 1-6 2020-2021 Student Self-evaluation Form

Student Name: \_\_\_\_\_  
Last
First

### 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 Statement

List the last two books you've read:

1. \_\_\_\_\_

2. \_\_\_\_\_

What is your favorite topic at this time?

\_\_\_\_\_  
 \_\_\_\_\_

### On another piece of paper answer the following:

- What do you think is the purpose of the Self-contained gifted program 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 Education Office***

## Self-contained Gifted Program Application for Grades 1-6 2020-2021 Teacher Recommendation Form

Student Name: \_\_\_\_\_  
Last
First

Current school: \_\_\_\_\_

Teacher name: \_\_\_\_\_ Current or most recent teacher?  Yes  No

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

**Teacher Rating**  
Please circle the appropriate number

**Student Attributes**

Behavior	1.....	2.....3	.....4
	Behaviorally		Generally well
	Challenged		behaved
Communication	1.....	2.....3	.....4
	Unclear		Clear Expression
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		Works well
	Working with others		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 and 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 Comments:**

Briefly describe this student's learning characteristics.

---



---



---

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.

## Self-contained Gifted Program Application for Grades 1-6 2020-2021 Student Contract & Code of Conduct

The PVUSD Self Contained Gifted Program is designed for high achieving, highly gifted students who are radically accelerated. 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 needs. 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 Paradise Valley School District and Desert Cove Elementary School, Desert Trails Elementary School, Fireside Elementary School, North Ranch Elementary School or Sonoran Sky Elementary School. The four components described here establish the guidelines that determine my child's eligibility to participate in the Self Contained Gifted Program. As a parent of a student in this program, I realize the importance of my child continues 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 reevaluate 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 PVUSD gifted program will be recommended.

---

Parent Signature

---

Date

---

Student Name (please print)