

Kindergarten Self-contained Gifted Program Application 2019-2020 Application

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 PV Schools Kindergarten Gifted Self-contained Program. *Please list your order of preference (i.e., 1st, 2nd, 3rd, 4th, 5th).*

____ **Desert Cove Elementary School** ____ **Fireside Elementary School** ____ **Sonoran Sky Elementary**

____ **Desert Trails Elementary School** ____ **North Ranch Elementary School**

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? _____

Does your child have siblings attending PV Schools? 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 Gifted & Talented Self-contained 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 Self-contained Gifted Program will be considered a trial period as determined by a site-based team.

Parent Signature

Date

Kindergarten Self-contained Gifted Program 2019-2020 Parent Contract

The PVUSD Kindergarten Self-contained Gifted Program is designed for gifted kindergarten students who are accelerated in their learning. 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 need. A contract specifying the participation criteria of this program has been developed with the goal of establishing a learning environment that leads to success for all children in this highly advanced and accelerated program. The first two weeks of attendance for all students accepted into the Kindergarten Self-contained Gifted Program will be considered a trial period as determined by a site-based team*.

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, Fireside Elementary School, North Ranch Elementary School or Sonoran Sky Elementary School. The components described here establish the guidelines that determine my child's eligibility to participate in the Kindergarten Gifted & Talented Self-contained Program.

As a parent of a student in this program, I realize the importance of my child continuing 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. Classroom Materials – Students will demonstrate ethical use of classroom materials, including technology.
- II. Personal Conduct – Students will demonstrate 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 to 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 re-evaluate 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's Name (Please Print)

*The site-based team consists of the classroom teacher, the school's Gifted Specialist, and the Principal.

***Do not return completed form to parent –
Please mail or fax directly to the Gifted Education Office***

**Kindergarten Self-contained Gifted Program
2019-2020 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 challenged	Generally well 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	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 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.