

Date _____

 New Application Transfer Student*

Crosby ISD Gifted and Talented Education APPLICATION

Please Print – Pages 1 – 3 must be completely filled out.

Name of Student (as stated on the birth certificate – first, middle, and surname)					
Date of Birth	Age of Student	Gender	Ethnicity	Current Grade	Current Campus
Current Teacher(s)					
Name of Parent(s)			Email address #1		
Home Address			Email address #2		
Mailing Address					
City	State	Zip	Home Phone ()		
Work Phone # 1 ()	Cell or Pager #1 ()	Work Phone #2 ()	Cell or Pager #2 ()		

****Transfer Students***

Students who transfer into Crosby ISD from a GT program in another school district must also complete **the lower portion** of Permission on the next page.

Crosby ISD Gifted and Talented Education serves GT – identified students through formalized GT classes in grades K – 6. GT – identified students transferring from similar programs will be placed in a GT class. The following restrictions apply to all transfer students:

- Pull-Out GT Programs – Providing there is space available, a student transferring into the district from a pull-out program may be placed in a GT class. However, the student may only be **served** for the remainder of the school year and is required to go through the identification process in order to qualify for the program the following year.
- Served Students – The student must have been GT identified **and** attended a GT class or program in the previous district in order to be considered for placement in the Crosby ISD program.

PARENT PERMISSION **(TESTING/PARTICIPATION)**

Date

Name Of Student (Please Print)

Please consider and evaluate my child for the Gifted and Talented Program. I understand that the evaluation does not automatically ensure his/her placement into the program. Therefore, I grant permission for my child to participate in required testing and evaluation for entrance to Crosby ISD Gifted and Talented Education.

I understand that participation in this program is voluntary, and if my child is selected, I hereby grant permission for him/her to participate in the Crosby ISD Gifted and Talented Education.

Signature of Parent/Guardian

TRANSFER STUDENTS ONLY

The information below must be completed if the student is transferring from a G/T program in another school district.

School Previously Attended		
School District	Phone Number ()	
School Address		
City	State	Zip

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Person Contacted:	Date Contacted:
Verification:	

PARENT QUESTIONNAIRE

School

Name of Student

Teacher

Name of Parent Completing Questionnaire

Please take a few minutes to share information about your child to help us know him/her better.

DIRECTIONS: For each item, place an X in the box which best describes your child.

My Child...	Very Little	Some	Often	My Child...	Very Little	Some	Often
Has unusually advanced vocabulary for age or grade level				Prefers other activities rather than TV such as computers, reading, puzzles, etc.			
Is curious and asks many questions				Began talking earlier than other children his/her age			
Learns quickly				Likes to figure out things for himself/herself			
Prefers to be with older children or adults				Has a good memory			
Avid reader				Displays a keen or unique sense of humor			
Offers unusual ("way out") unique, clever answers or creations				Has a great imagination and makes up stories			
Learned to read prior to beginning school				Pursues a topic or project that interests him/her until finished			
Is very good at art, music, dancing, or athletics				Is very sensitive to the feelings of others			
Has many different interests				Likes to have his/her own way			
Is a perfectionist				Has unexpected understanding of advanced math concepts			
Demonstrates leadership				Is easily bored with routine tasks			
Finds many different ways of solving problems				Has strong sense of justice or fairness			
Is observant about changes							

What other information about your child or your family would you like us to know? You may want to tell about an interest, talent, or ability, or a shared special concern. Please give examples below that reflect your child's higher level thinking ability.

Student's Name	Grade
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Counselors are to check off forms when submitted and place in the candidate's folder:

	Nomination
	Application
	Permission
	Questionnaire
	Teacher Inventory
	Test Results – ITBS / TAKS
	Test Results - CogAT
	Portfolio/Product Samples (8 ½ X 11) Photos OK
	Other: _____

SELECTION COMMITTEE RESULTS

The Selection Committee met on _____. The decision of the committee was:

- Student identified
- Student will be served for one (1) year only.
- Student could not be identified at this time.
- Student accepted into program as a transfer.
- Student not accepted as a transfer.

Signatures of Committee Members:

Verification Signature of G/T Director