PERSON COUNTY SCHOOLS

2017-2018

HANDBOOK for
AIG-GIFTED EDUCATION

Updated August 2017

Based on the 2016-2019 AIG Plan

Dr. Rodney Peterson
Superintendent

Paula H. Chandler
AIG Coordinator

Person County Schools
304 S. Morgan Street, Rm. 25
Roxboro, NC 27573
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<td>AIG Program Withdrawal Form</td>
</tr>
</tbody>
</table>
Person County Schools  
Academically/Intellectually Gifted Program  
Student Nomination Form  
*Please complete all sections.*

Name: ___________________________________________  Date: __________________________

Grade: _______  Birthdate: ______________  Sex: _______  Race: ____________

Parents: ___________________________________________  Phone#: ________________________

School: ___________________________________________  School ID#: ______________________

I. Student Performance in Classroom

<table>
<thead>
<tr>
<th>Level of Performance (K-2)</th>
<th>Grades (3-12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
<td>______</td>
</tr>
<tr>
<td>Math</td>
<td>______</td>
</tr>
<tr>
<td>Other:</td>
<td>______</td>
</tr>
</tbody>
</table>

II. Gifted Evaluation Scale—Third Edition:
A teacher who knows the student well should complete the GES-3 Gifted Evaluation Scale—see AIG teacher for GES-3 document. This scale is a crucial piece of data in the AIG referral process.

III. Student Interest Survey:
Please have the student complete the reading and math interest surveys—see AIG teacher for surveys.

IV. Work Samples:
Please include student work samples that indicate the student is capable of higher level thinking.

V. Nomination
Please check who nominated the student.

   ___ Teacher
   ___ Parent
   ___ Student

Additional Comments: __________________________________________________________

_____________________________________________________________________________

Signature of person making the nomination:

_____________________________________________________________________________

Date: __________________________
AIG-2
Person County Schools
AIG Program
Parent/Guardian Consent for Evaluation

Student: ________________________________

Dear Parent/Guardian:

School personnel have recognized the need for gathering more information on your child. The proposed evaluation(s) by qualified personnel will include the use of one or more of the tests below to help determine his/her strengths and eligibility for the Academically/Intellectually Gifted Program.

<table>
<thead>
<tr>
<th>Area</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement</td>
<td>Reading, mathematics, group/individual assessment, achievement tests</td>
</tr>
<tr>
<td>Intellectual</td>
<td>Aptitude, group or individual intelligence</td>
</tr>
</tbody>
</table>

A summary of these evaluations will be shared with you. If you have any questions, please contact __________________________ at __________________________.

Parental Consent

Please sign A or B and return to the school.

A. YES. I give my permission for my child to receive evaluation services. I have received a statement of my rights as a parent (Due Process Procedures).

_________________________  ______________________  ______________________
Name                      Date                      Relationship

B. NO. I do not give permission for my child to receive evaluation services. I have received a statement of my rights as a parent (Due Process Procedures).

_________________________  ______________________  ______________________
Name                      Date                      Relationship
PERSON COUNTY SCHOOLS
AIG Program
Student Interest Survey for Reading

Name: ____________________________

1. My friends think I am ________________.
   - a very good reader
   - a good reader
   - an OK reader
   - a poor reader

2. Reading a book is something I like to do.
   - Never
   - Not very often
   - Sometimes
   - Often

3. I read ________________.
   - Not as well as my friends
   - About the same as my friends
   - A little better than my friends
   - A lot better than my friends

4. My best friends think reading is ________________.
   - Really fun
   - Fun
   - OK to do
   - No fun at all

5. When I come to a word I don’t know, I can ________________.
   - Almost always figure it out
   - Sometimes figure it out
   - Almost never figure it out
   - Never figure it out

6. I tell my friends about good books I read.
   - I never do this.
   - I almost never do this.
   - I do this sometimes.
   - I do this a lot.
7. When I am reading by myself, I understand __________.
   - Almost everything I read
   - Some of what I read
   - Almost none of what I read
   - None of what I read

8. People who read a lot are __________.
   - Very interesting
   - Interesting
   - Not very interesting
   - Boring

9. I am __________.
   - A poor reader
   - An OK reader
   - A good reader
   - A very good reader

10. I think libraries are __________.
    - A great place to spend time
    - An interesting place to spend time
    - An OK place to spend time
    - A boring place to spend time

11. I worry about what other kids think about my reading __________.
    - Every day
    - Almost every day
    - Once in a while
    - Never

12. Knowing how to read well is __________.
    - Not very important
    - Sort of important
    - Important
    - Very important

13. When my teacher asks me a question about what I have read, I __________.
    - Can never think of an answer
    - Have trouble thinking of an answer
    - Sometimes think of an answer
    - Always think of an answer
14. I think reading is___________.
   - A boring way to spend time
   - An OK way to spend time
   - An interesting way to spend time
   - A great way to spend time

15. Reading is___________.
   - Very easy for me
   - Kind of easy for me
   - Kind of hard for me
   - Very hard for me

16. When I grow up I will spend___________.
   - None of my time reading
   - Very little of my time reading
   - Some of my time reading
   - A lot of my time reading

17. When I am in a group talking about stories, I___________.
   - Almost never talk about my ideas
   - Sometimes talk about my ideas
   - Almost always talk about my ideas
   - Always talk about my ideas

18. I would like for my teacher to read books out loud to the class___________.
   - Every day
   - Almost every day
   - Once in a while
   - Never

19. When I read out loud I am a___________.
   - Poor reader
   - OK reader
   - Good reader
   - Very good reader

20. When someone gives me a book for a present, I feel___________.
   - Very happy
   - Sort of happy
   - Sort of unhappy
   - Unhappy

PERSON COUNTY SCHOOLS
AIG Program Student Interest Survey for Math

Name: ____________________________________________

Please answer the questions below. 1- Never 2- Rarely 3- Sometimes 4- Often 5- Most of the time

1. Math is interesting. 1 2 3 4 5
2. I like math. 1 2 3 4 5
3. Math is fun. 1 2 3 4 5
4. Math is boring. 1 2 3 4 5
5. Math is cool. 1 2 3 4 5
6. Learning about math is important. 1 2 3 4 5
7. Learning about math is helpful. 1 2 3 4 5
8. What I learn in math is useful. 1 2 3 4 5
9. I know a lot about math. 1 2 3 4 5
10. I am good at math. 1 2 3 4 5
11. Math is hard for me. 1 2 3 4 5
12. I do well in my math classes. 1 2 3 4 5
13. Math is easy for me. 1 2 3 4 5
14. I talk to my family or friends about things I learned in math class. 1 2 3 4 5
15. I watch television shows about math outside of school. 1 2 3 4 5
16. I look at websites about math outside of school. 1 2 3 4 5
17. I play math computer games outside of school. 1 2 3 4 5
18. I read books about math outside of school. 1 2 3 4 5
19. I go places to learn about math outside of school. 1 2 3 4 5
20. I like to do math problems outside of school. 1 2 3 4 5

Person County Schools
AIG Program
Due Process Procedures
Regarding AIG Eligibility
Determination and Services Decision

Within the Person County Schools Academically and Intellectually Gifted (AIG) Program, all personnel are committed to excellence for all students. Part of the attainment of this commitment is a collaboration between the home and school environments.

Person County Schools AIG Program goals, objectives, and service options should be clearly communicated to parents. In the event that a parent/guardian disagrees with a decision, it is hoped that the concern may be resolved at the local level. The following procedures should be followed to resolve any disagreements.

Step 1
Appeal to the School AIG Determination Team

1. The parent or guardian may request a conference with the AIG Determination Team at the child’s school. This request must be made in writing. The AIG Determination Team should be given ample opportunity (10 days) to convene for this conference.
2. At this conference, the individual student profile will be examined and discussed. Information used to determine eligibility for service delivery options shall be reviewed with parent/guardian. If needed, the child’s teacher may be asked by the AIG Determination Team to provide further documentation concerning student characteristics and achievement.
3. At this conference, all information is shared with parent/guardian and minutes are recorded. Signatures are obtained from those involved.
4. Following the conference, the AIG Determination Team will respond to the parents’ concerns in writing within 10 days of the conference.

Step 2
Appeal to the Building Level Principal

1. The parent/guardian may appeal the decision of the AIG Determination Team to the building level principal. This should be done in writing within 10 days of the decision from the AIG Determination Team. The principal shall schedule the conference within 10 days of receipt of this request. The AIG Determination Team chairperson and the child’s teacher may be invited to this conference along with the parent/guardian.
2. The principal will review the concern. During the conference, he/she may request further information from the child’s teacher, the AIG Determination Team, or the parents. Minutes are recorded on the AIG Determination Team minute form and signatures are obtained from all those present.
3. The principal shall respond to the concern in writing within 10 days of the conference. A copy of the response should be sent to the AIG Determination Team.
STEP 3
Appeal to the LEA AIG Coordinator

1. The parent/guardian may appeal the decision of the building level principal to the AIG coordinator. This should be done in writing 10 days of the decision from the building level principal.

Please submit this appeal to:
Program Specialist for AIG
Person County Schools
304 S. Morgan St., Room 25
Roxboro, NC 27573

The conference shall be scheduled within 10 days of receipt of this request.

2. The AIG coordinator will review the concern. During the conference with the parent/guardian, he/she may request further information from the child’s teacher, the AIG Determination Team, the parent/guardian, and/or the principal. Minutes are recorded on the AIG Determination Team minute form and signatures are obtained from those present.

3. The AIG coordinator shall respond to the concern in writing within 10 days of the conference.

STEP 4
Appeal to the Superintendent

1. The parent/guardian may appeal the decision of the AIG coordinator to the Superintendent in writing within 10 days of the decision.

Please submit appeal to:
Superintendent
Person County Schools
304 S. Morgan St., Room 25
Roxboro, NC 27573

This conference shall be scheduled within 10 days of the receipt of the request for appeal.

2. The Superintendent will review the concern. During the conference with the parent/guardian, he may request further information from the child’s teacher, the AIG Determination Team, the parent/guardian, the principal, and/or the program specialist for AIG. Minutes are recorded on the AIG Determination Team form and signatures are obtained from those present.

3. The Superintendent shall respond to the concern in writing within 10 days of the conference.

At this point, the superintendent may request mediation in order to resolve the concern. This shall be done by an impartial mediator.
Step 5
Appeal to the Local Board of Education

1. The parent/guardian may appeal the decision of the Superintendent to the local board of education within 10 days of the decision from the Superintendent. This appeal must be in writing. Please submit appeal to:

   Person County Board of Education
   304 S. Morgan St., Room 25
   Roxboro, NC 27573

   This request must be made the Friday prior to the next scheduled board meeting in order for this appeal to be placed on the agenda.

2. The board will review the concern. This body may request further information from the child’s teacher, the AIG Determination Team, the parents, the principal, the program specialist for AIG, and the Superintendent. During this meeting, minutes will be recorded on the AIG Determination Team minutes form and signatures obtained of those present.

3. The board shall make a final decision in writing 30 days of receipt of written complaint. A copy of the response shall be sent to the ADT, the building level principal, the program specialist for AIG, and Superintendent.

Once all efforts have been exhausted within the system, the parents/guardian may file a petition for a contested case hearing in accordance with Article 3 of Chapter 150B of the General Statutes, the Administrative Procedures Act North Carolina. Attorney fees are the responsibility of the parents.

The issues for review shall be limited to:

1. Whether the local system improperly failed to determine eligibility for services within its Gifted Education Program.

2. Whether the local system implemented and provided those services specified within the Differentiated Education Plan.

Following the hearing, the administrative law judge shall serve the final decision. The administrative law judge shall give a copy of written findings and the decision to the parties and the State Superintendent of Public Instruction.
Dear Parents:

Re: ________________________________________________ (Student’s Name)

We are requesting that you attend a conference to discuss your son’s/daughter’s recent evaluation. The meeting is scheduled for _____________(date), at _____________(time), __________________________(place). At this meeting, you are entitled to all rights outlined in Person County’s Due Process Policy.

Sincerely,

________________________________________
AIG Determination Team Chairperson

Please check one, sign, and return this form to the school.

_____ I will be present for the conference.

_____ I cannot meet at this time. I will contact you in order to arrange another time.

________________________________________
Parent/Guardian Signature

________________________________________
Date
Person County Schools
AIG Summary of Evaluation Data

Name: __________________________ Grade: ______ School Year: ______
Purpose: Initial_____Re-evaluation ______ Transfer ______

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Possible Evidence</th>
<th>Moderate Evidence</th>
<th>Strong Evidence</th>
<th>Very Strong Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Achievement EOG/EOC and Benchmarks</td>
<td>77 – 82%ile</td>
<td>83 – 89%ile</td>
<td>90 – 96%ile</td>
<td>97%ile+</td>
</tr>
<tr>
<td></td>
<td>STAR Reading and</td>
<td>STAR Reading and</td>
<td>STAR Reading and</td>
<td>STAR Reading and</td>
</tr>
<tr>
<td></td>
<td>STAR Math Progress Monitoring 80%ile</td>
<td>STAR Math Progress Monitoring 85%ile</td>
<td>STAR Math Progress Monitoring 90%ile</td>
<td>STAR Math Progress Monitoring 95%ile</td>
</tr>
<tr>
<td>Student Performance Class Grades</td>
<td>77 - 84%</td>
<td>85 – 89%</td>
<td>90 – 96%</td>
<td>97%+</td>
</tr>
<tr>
<td>Student Aptitude CogAT/Other Test:________</td>
<td>73 - 79%ile</td>
<td>80 – 89%ile</td>
<td>90 – 94%ile</td>
<td>95%ile+</td>
</tr>
<tr>
<td>Date:________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation of Student Gifted Evaluation Scale 3</td>
<td>70 – 79%ile</td>
<td>80 – 89%ile</td>
<td>90 – 96%ile</td>
<td>97%ile+</td>
</tr>
<tr>
<td>Student Interest</td>
<td>Math 50-62</td>
<td>Math 63-75</td>
<td>Math 76-88</td>
<td>Math 89-100</td>
</tr>
<tr>
<td></td>
<td>Reading 40-50</td>
<td>Reading 51-60</td>
<td>Reading 61-70</td>
<td>Reading 71-80</td>
</tr>
<tr>
<td>Gifted Evaluation Scale 3 Motivation Profile</td>
<td>73 - 79%ile</td>
<td>80 – 89%ile</td>
<td>90 – 94%ile</td>
<td>95%ile+</td>
</tr>
</tbody>
</table>

**School Site Decision** As a general guideline for AIG determination, an AIG student should have most evidence fall to the right of the darkened line, and at least two of the first three items should be to the right of the darkened line. No one criterion can exclude a student from AIG services. Students with most evidences in the ‘Very Strong/Outstanding’ column may be in greatest need of pull-out and acceleration.

**Differentiated Services Recommended:**

- AIG __________________________
- AG __________________________
- Reading _____Math
- IG __________________________
- ___No services at this time

Parent Signature: __________________________
ADT Members: __________________________
ADT Date: __________________________

**Glossary**

AIG = Academically and Intellectually Gifted; AG = Academically Gifted; IG = Intellectually Gifted; ADT=AIG Determination Team

Form Revised 02/2017
Person County Schools AIG Program
Differentiated Education Plan
Grades K-5

Student: ____________________________ Grade: _____ School Year: _______ AIG / AR / AM

Modifications:

<table>
<thead>
<tr>
<th>Subject Acceleration</th>
<th>Grade Advancement</th>
<th>Cluster</th>
<th>Pull-Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any class that is a full grade level or more beyond the student's current grade level</td>
<td>Student will skip an entire grade and advance to the next grade.</td>
<td>Student will be grouped with other gifted students for more targeted teaching</td>
<td>Targeted learning opportunities in a setting with other similarly gifted students</td>
</tr>
</tbody>
</table>

| Math _____ | From grade | Math _____ | Math _____ |
| ELA _____ | To grade (requires IDEP) | ELA _____ | ELA _____ |

Differentiation Within the Regular Classroom:
In order to meet the unique learning needs of the gifted student, classroom teachers will implement specific differentiation strategies which have been demonstrated by research to be effective for AIG students. These strategies include (but are not limited to) the following:

- Curriculum compacting
- Problem-based learning
- Project-based learning
- Menus/choice activities
- Tiered assignments
- Service learning projects
- Differentiated discourse strategies (e.g. Socratic Seminars, Fishbowl Discussions)
- Real-world/professional application
- Independent/self-directed study

Differentiation Options: ____________________________________________________________

The classroom teacher will maintain a digital AIG portfolio that includes learner artifacts documenting that the above strategies were provided in the regular classroom throughout the academic year. Portfolios will be shared with parents for review.

Classroom Teacher: ____________________________ Signed: ____________________________ Date: ____________

Current Social/Emotional Concerns
Parent/guardian, please indicate below any current social or emotional concerns you have regarding your child. If any items are checked, a copy of this DEP will be provided to the school counselor for additional follow-up.

| Perfectionism _____ | Excessive Self-Criticism _____ | Peer Relations _____ | Depression _____ |
| Anxiety _____ | Underachievement _____ | Isolation _____ | Other_____ (please list) |

Approval
This Differentiated Education Plan has been reviewed and approved for the listed school year.

AIG Instructor: ____________________________ Date ____________
AIG Determination Team Member: ____________________________ Date ____________
AIG Determination Team Member: ____________________________ Date ____________
AIG Determination Team Member: ____________________________ Date ____________
Principal/Assistant Principal: ____________________________ Date ____________
Parent/Guardian: ____________________________ Date ____________
Person County Schools AIG Program
Differentiated Education Plan
Grades 6-8

Student: ___________________________ Grade: ____ School Year: ________ AIG / AR / AM

Schedule-Based Modifications:

<table>
<thead>
<tr>
<th>Subject Acceleration</th>
<th>Advanced Content Course</th>
<th>Cluster</th>
<th>Pull-Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any class that is a full grade level or more beyond the student's current grade level</td>
<td>A class which is more advanced than the standard course, but less than a full grade ahead</td>
<td>Student will be grouped with other gifted students for more targeted teaching</td>
<td>Targeted learning opportunities in a setting with other similarly gifted students</td>
</tr>
<tr>
<td>Math _____</td>
<td>Math _____</td>
<td>Math _____</td>
<td>Math _____</td>
</tr>
<tr>
<td>ELA _____</td>
<td>ELA _____</td>
<td>ELA _____</td>
<td>ELA _____</td>
</tr>
</tbody>
</table>

Differentiation Within Core Classes:
In order to meet the unique learning needs of the gifted student, core teachers will implement specific differentiation strategies which have been demonstrated by research to be effective for AIG students. These strategies include (but are not limited to) the following:

<table>
<thead>
<tr>
<th>Curriculum compacting</th>
<th>Problem-based learning</th>
<th>Project-based learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menus/choice activities</td>
<td>Tiered assignments</td>
<td>Service learning projects</td>
</tr>
<tr>
<td>Differentiated discourse strategies (e.g. Socratic Seminars, Fishbowl Discussions)</td>
<td>Real-world/professional application</td>
<td>Independent/self-directed study</td>
</tr>
</tbody>
</table>

ELA Teacher: ___________________________ Signed: ___________________________ Date: ____________
Differentiation Options: __________________________________________________ (___N/A for subject)

Math Teacher: ___________________________ Signed: ___________________________ Date: ____________
Differentiation Options: __________________________________________________ (___N/A for subject)

Science Teacher: ___________________________ Signed: ___________________________ Date: ____________
Differentiation Options: __________________________________________________ (___N/A for subject)

S.S. Teacher: ___________________________ Signed: ___________________________ Date: ____________
Differentiation Options: __________________________________________________ (___N/A for subject)

Current Social/Emotional Concerns
Parent/guardian, please indicate below any current social or emotional concerns you have regarding your child. If any items are checked, a copy of this DEP will be provided to the school counselor for additional follow-up.

<table>
<thead>
<tr>
<th>Perfectionism</th>
<th>Excessive Self-Criticism</th>
<th>Peer Relations</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>Underachievement</td>
<td>Isolation</td>
<td>Other____(please list)</td>
</tr>
</tbody>
</table>

Approval
This Differentiated Education Plan has been reviewed and approved for the listed school year.

AIG Instructor: ___________________________ Date: ____________
Principal: ___________________________ Date: ____________
Parent/Guardian: ___________________________ Date: ____________
PERSON COUNTY SCHOOLS
DIFFERENTIATED EDUCATION PLAN
GRADERS 9-12

Student: ___________________________ Grade Level: ___________________________

School: ___________________________ 1st Pd Teacher: __________________________

High School AIG students are required to follow specific requirements as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th</td>
<td>Two or more Honors/Advanced Courses</td>
</tr>
<tr>
<td>10th</td>
<td>Two or more Honors/Advanced Courses</td>
</tr>
<tr>
<td>11th</td>
<td>Three or more Honors or Advanced Placement Courses</td>
</tr>
<tr>
<td>12th</td>
<td>Three or more Honors or Advanced Placement Courses</td>
</tr>
</tbody>
</table>

Note: Recommended progress of a C or better. Some Honors and AP courses require B or better on prerequisite courses.

Courses for Continued AIG Status: ____________________________________________
________________________________________
________________________________________

Signatures of Committee Members

_ ADT Chairperson
_ ADT Member
_ ADT Member
_ LEA AIG Representative

Dates of Signatures

Current social or emotional concerns about your child: Please check all that apply:

<table>
<thead>
<tr>
<th>Condition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Perfectionism</td>
<td></td>
</tr>
<tr>
<td>Excessive Self-Criticism</td>
<td></td>
</tr>
<tr>
<td>Peer Relations</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
</tr>
<tr>
<td>Underachievement</td>
<td></td>
</tr>
<tr>
<td>Isolation</td>
<td></td>
</tr>
<tr>
<td>Other (please list)</td>
<td></td>
</tr>
</tbody>
</table>

*If any item in the box above is checked, a guidance counselor must be provided a copy of the DEP. The counselor then documents all follow-up actions in writing and attaches the documentation to the DEP.

I agree for my child to receive a differentiated education as outlined on the Differentiated Education Plan (DEP).

Parent Signature_________________________ Date________________

ADT Chairperson
ADT Member
ADT Member
LEA AIG Representative
Person County Schools AIG Program
Individualized Differentiation Education Plan
Grades K-12

Student Name_________________________ID # __________________________

School__________________________School Year/Age/Grade ________________

Rationale for Differentiation:

Instruction Objective:

Social/Emotional Objectives:

Description of Service Option:

Signatures--AIG Determination Committee and Principal

__________________________ / _______ / _______ __________________________ / _______ / _______
(Chairperson) Date Date

__________________________ / _______ / _______ __________________________ / _______ / _______
Date Date

__________________________ / _______ / _______ __________________________ / _______ / _______
(Principal) Date Date

Parent/Guardian Signature

__________________________ / _______ / _______ __________________________ / _______ / _______
Date Date
The purpose of this report is to inform you of your child’s AIG placement for the next school year.

Your child’s current AIG Differentiated Services.

- Pull-out ELA
- Advanced Content Course (Middle School)
- Cluster ELA
- Pull-out Math
- Advanced Content Course (Middle School)
- Cluster Math
- ELA Acceleration
- Grade Advancement
- Math Acceleration

Each year, the AIG Determination Team reviews your child’s classroom performance, EOG scores, and AIG classroom performance to determine placement for the next school year.

As a result of this review, the AIG Determination Team’s recommendation for next year is:

1. Continue current differentiated service option/s
2. Add the following service option/s: ________________________________
3. Exit from the following differentiated service option/s: ____________________

It is not necessary that you have a conference if #1 is checked. Please sign below and return this form to your child’s AIG teacher.

If #2 or #3 is checked above, please plan to attend a conference on ___________ (date) at ___________ (time) in ________________ (place) with your child’s AIG teacher.

____________________  ___________________  ___________________
Teacher                  Phone                  Email

Please sign below and indicate if you will be able to meet at this time. Please return this form to your child’s AIG teacher.

_____ I will be able to attend the conference scheduled above.
_____ I will be unable to attend the conference scheduled above. I will contact you in order to arrange another time.

____________________  ___________________
Parent Signature                  Date
Person County Schools AIG Program
K-5 Annual Review by Teacher

Please complete the Annual Review based on your observation of the student. The ADT will use this information in making placement decisions for the next school year.

Student ___________________________ Grade _______ School Year _________

Current Placement:
_____ Pull-out ELA  _____ Cluster ELA  _____ ELA Acceleration
_____ Pull-out Math  _____ Cluster Math  _____ Math Acceleration  _____ Grade Advancement

Circle one.
1. The student successfully completes AIG Differentiated Assignments.
   a. All of the time
   b. Most of the time
   c. Some of the time
   d. Never
2. The student meets my expectation of an AIG student.
   a. All of the time
   b. Most of the time
   c. Some of the time
   d. Never
3. Please check the student’s overall grade average for the year in each area.
<table>
<thead>
<tr>
<th>ELA</th>
<th>Math</th>
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<tbody>
<tr>
<td>77-84</td>
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<td>85-92</td>
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<td>93-96</td>
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<td>97+</td>
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4. Do you recommend that this student continue as currently placed?  YES  NO (circle one)

5. If you think changes need to be made in the student’s placement, what changes do you recommend? (Please check and explain.)
   _____ No pull-out reading
   _____ No pull-out math
   _____ No cluster reading
   _____ No cluster math
   _____ Add pull-out reading
   _____ Add pull-out math
   _____ Add cluster reading
   _____ Add cluster math
   _____ Add math acceleration
   _____ Add ELA acceleration
   _____ Grade Advancement

   Explanation: ________________________________________________________________

6. Additional Comments regarding this student’s AIG placement:

   ____________________________________________________________

   Teacher Signature ___________________________________________ Date ____________
Dear Parents,

Your child is currently placed in an Academically and Intellectually Gifted cluster group within the classroom. This placement is temporary pending the collection of additional data or the receipt of appropriate paperwork from his/her previous school. Once the paperwork is obtained, the AIG Determination Team will review all information and complete the Summary of Evaluation Data to determine if permanent differentiated services are appropriate.

If you have any questions, please contact me.

Sincerely,

AIG Determination Team
Chairperson
Person County Schools
AIG Program
AIG Determination Team Minutes

The above committee met to discuss the following students. Recommendations for each student are as follows:

<table>
<thead>
<tr>
<th>Student</th>
<th>Recommendations</th>
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Minutes recorded by: __________________________ Date __________
Person County Schools  
AIG Program  
Alternative Assessment Selection Form

Student Name_________________________ School__________ Date__________

The purpose of this form is to assist the ADT in determining if the student is a candidate for an assessment other than the traditional assessment. Students from different cultural or language backgrounds, the economically disadvantaged and students with sensory impairments of other physical disabilities are often underrepresented in programs for the gifted. To ensure that the abilities of the students from underrepresented groups are accurately assessed, they should be evaluated with an instrument that is sensitive to cultural/linguistic/economic differences or is intended for students with sensory or physical disabilities. Available records, interview with parents, etc. may be used to obtain data.

- If a disabling condition is marked below, that will automatically indicate a need for an alternative assessment.
- To indicate a need for other alternative assessment, three areas must be checked.
- If none of the factors apply, check the appropriate box at the bottom of this form.

____ Disabling condition with adversely affects testing performance (physical or sensory ability which may interfere with educational performance).
____ Limited developmental experiences (cultural, social, and travel experiences).
____ Irregular attendance (23% of the time during a grading period).
____ Transiency (at least three moves in five years).
____ Home responsibilities/necessary pupil employment interferes with learning activities.
____ Residency in a depressed economic area.
____ Low family income at a subsistence level (one example: free or reduced lunch).
____ Nonstandard English constituting a barrier to learning (only a foreign language or nonstandard English spoken at home, the language of the home exhibits strong dialectal differences).
____ Limited opportunity to acquire depth in English (English not spoken in home, transiency due to migrant employment of family, dialectal differences acting as a barrier to learning.
Other (List specific examples).
____ NONE OF THE ABOVE APPLY.

Are the above checked items compelling enough to indicate that this student needs an alternative assessment?

____ Yes, this student needs an alternative assessment.
____ No, this student does not need an alternative assessment.

ADT Members:

__________________________________  __________________________________

Date:________________________________

AIG-16
Person County Schools
AIG Program
Withdrawal Form

Please return this form to the AIG Program Specialist when a child withdraws from the Academically and Intellectually Gifted Program.

School: __________________________________________________________

Student: _________________________________________________________

Date of Withdrawal: _____________________________________________

__________ (check here) The child is being withdrawn at the parent’s request.

Parent Signature: ___________________________ Date: ________________

AIG Determination Team Signatures:

________________________________

________________________________

________________________________

________________________________

________________________________