LEXINGTON CITY SCHOOLS
Academically/Intellectually Gifted Program (AIG)
Student Nomination Form

Please complete the following information to nominate a student to be considered for Academically or Intellectually Gifted (AIG) services.

Date of Nomination: _____/____/_______
Student Name: ________________________________________________
School: ___________________________________________ Grade: _____
Area of Nomination: ___Reading ___Math
Name of person nominating the student: ________________________________
Relation to the student: ___self ___parent/guardian
___peer ___community member
___teacher ___other: __________________________

Describe the reason for this nomination. You may attach information if necessary.

Signature: ________________________________________________
LEXINGTON CITY SCHOOLS

Academically/Intellectually Gifted Program (AIG)

Inventory of Gifted Characteristics

Student: ____________________________________________ Grade: ______

School/Teacher: ____________________________________________ Date: __/__/____

Beginning at the first behavior, scan the row for the number on the continuum that most accurately describes your observations of the student. You must mark one number in each row. Circle the 1, 2, or 3 closest to the behavior on that line that reflects the student. If you circle 4, draw an arrow to the number that most accurately describes your observations.

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Seldom/Never Observed</th>
<th>Occasionally Observed</th>
<th>Frequently Observed</th>
<th>Almost Always Observed</th>
<th>Frequently Observed</th>
<th>Occasionally Observed</th>
<th>Seldom/Never Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Vocabulary exceeds that of age mates; has fluency and sophistication in elaboration</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>(2) Has vast knowledge base beyond that of his peers about many topics</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>(3) Unusually interested in adult topics and issues; concerned with issues of right and wrong; judgmental</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>(4) Learns new material quickly and displays quick recall of information</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>(5) Understands underlying principles and concepts; makes valid generalizations; draws key comparisons and contrasts</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>(6) Reasons; understands cause/effect relationships; analyzes complicated material</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>(7) Is an organizer; likes to have structure in everything around him</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>(8) Becomes absorbed in work; difficult to switch topics</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>(9) Persistent until projects completed; perfectionist and self-critical</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>(10) Prefers independent work; needs little direction; likes ambiguity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>(11) Curious; constantly posting questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>(12) Well-liked by classmates; cooperative</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>(13) Interested in the “what ifs”; adept at modifying, adapting, and improving something</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>(14) Has a keen sense of humor; shows emotional sensitivity; expresses true feelings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>(15) Appreciates beauty; searches for aesthetic qualities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
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</tbody>
</table>

(Adapted from work of Dr. Paul Slocum and Dr. Ruby Payne in Removing the Mask: Giftedness in Poverty)

TOTAL SCORE

LEXINGTON CITY SCHOOLS 1010 Fair Street Lexington, NC 27292 (336) 242-1527
LEXINGTON CITY SCHOOLS
Academically/Intellectually Gifted Program (AIG)
AIG Folder Checklist

Student Name: __________________________________________________________

NCWise #: ___________________________ Date of Birth: ___/___/_____ Gender: _____ Race: __________

Parent/Guardian Name(s): ________________________________________________

Address: __________________________________________________________________

Phone #: ___________________________ Email: ____________________________

**Initial Placement Information**

☐ Student Nomination Form

☐ Initial Student Eligibility and Placement Record (page 1 and 2)

☐ Parent/Guardian Consent for Additional Evaluation (only if additional testing is recommended)

☐ Placement Evidences (in brown envelope labeled with Student Name/”Initial Placement”/Year)

☐ Individualized Differentiated Education Plan (IDEP) (for Pathway 1 only)

☐ Differentiated Education Plan (DEP) (for all Pathway 2/3 and some Pathway 1 students)

☐ Parent/Guardian Consent for Initial Placement AIG Program

☐ Other: ______________________________________________________________

**Yearly Information**

☐ School Year ______-_______

☐ IDEP

☐ DEP

☐ Other: ______________________________________________________________

☐ School Year ______-_______

☐ IDEP

☐ DEP

☐ Other: ______________________________________________________________

☐ School Year ______-_______

☐ IDEP

☐ DEP

☐ Other: ______________________________________________________________
LEXINGTON CITY SCHOOLS
Academically/Intellectually Gifted Program (AIG)
AIG Folder Checklist (page 2)

☐ School Year _______ - _______
☐ IDEP
☐ DEP
☐ Other: _____________________________

☐ School Year _______ - _______
☐ IDEP
☐ DEP
☐ Other: _____________________________

☐ School Year _______ - _______
☐ IDEP
☐ DEP
☐ Other: _____________________________

☐ School Year _______ - _______
☐ IDEP
☐ DEP
☐ Other: _____________________________

☐ School Year _______ - _______
☐ IDEP
☐ DEP
☐ Other: _____________________________
LEXINGTON CITY SCHOOLS
Academically/Intellectually Gifted Program (AIG)
Initial Student Eligibility and Placement Record

Student Name: ________________________________

School: ______________________________________ Grade: _____

NCWise #: __________________________ Date of Birth: ___/___/____ Gender: _____ Race: __________

Parent/Guardian Name(s): ________________________________________________________________

Address: _______________________________________________________________________________

Phone #: __________________________ Email: _________________________________

Pathway 1 (must meet one criteria)

- Standardized Aptitude Score or 98th percentile on a subtest or composite
  Test Name: ______________________ Percentile Score: __________ Date of Test: ___/___/____

Pathway 2 (must meet both criteria)

- Standardized Aptitude Score of 85th percentile or greater on the Subtest or Composite
  Test Name: ______________________ Percentile Score: __________ Date of Test: ___/___/____

- Standardized Achievement Score of 85th percentile or greater in Reading and/or Math
  Test Name: ______________________ Percentile Score: __________ Date of Test: ___/___/____

Pathway 3 (must meet 4 of 6 criteria)

- Standardized Aptitude Score 75th percentile or higher (includes non-verbal aptitude test administered to all 3rd graders)
  Test Name: ______________________ Percentile Score: __________ Date of Test: ___/___/____

- Standardized Achievement Score in Reading and/or Math at the 75th percentile or higher (includes NC tests, less than 12 months old)
  Assessment Name: _____________________ Percentile Score: __________ Date of Test: ___/___/____

- Gifted Rating Scales/Checklists (research-based, norm-referenced)
  Instrument Name: _____________________ Score: __________ Date of Test: ___/___/____

- Diagnostic Benchmark Assessments that demonstrate high ability and performance in reading and/or math (multiple)
  Assessment Name: _____________________ Score: __________________ Date of Test: ___/___/____

- Assessment Name: _____________________ Score: __________________ Date of Test: ___/___/____

- Assessment Name: _____________________ Score: __________________ Date of Test: ___/___/____

- Student Portfolio that demonstrates advanced abilities and consistently high performance on multiple work products in reading and/or math when compared to same group peers
  Portfolio Results: __________________________________________ Date: ___/___/____

- Teacher Observation/Recommendation that can include evidence as shown through exceptional grades, classroom behaviors, and interests
  Results: __________________________________________ Date: ___/___/____

- *OTHER : __________________________________________ Date: ___/___/____

______________________________________________________________________________________
Record of AIG-SBC Eligibility Decision

☐ Additional information is needed to determine if the student is eligible for services.

<table>
<thead>
<tr>
<th>Information Needed</th>
<th>Person Responsible</th>
<th>Due for next meeting on</th>
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<tbody>
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</table>

☐ The student does not qualify for AIG services.

☐ Although the student doesn’t qualify for AIG services at this time, the student demonstrates multiple characteristics and should be monitored for further indications of need (will be reviewed again next year).

☐ The student qualifies for AIG services in ____ reading (Pathway ____) and/or ____ math (Pathway ____)..

Services will be documented on a _____ Differentiated Education Plan (DEP) and/or an _____ Individualized Education Plan (IDEP).

Signatures of AIG-SBC Members ____/____/______ Position

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
LEXINGTON CITY SCHOOLS
Academically/Intellectually Gifted Program (AIG)
Parent/Guardian Consent for Initial Placement in the AIG Program

Date ___/___/_____

Dear Parent/Guardian of ________________________________,

Your child has been determined to be eligible for the Lexington City Schools Academically/Intellectually Gifted (AIG) Program. Your child qualifies for services in the following areas:

___Reading only
___Math only
___Both Reading AND Math

We need your permission to initially place your student in this program. If you give permission for this placement, you will be contacted by your child’s school to participate in the development of a Differentiated Education Plan that will guide academic services to your child. If you have any questions, please contact ___________________ (AIG teacher) at____________________________ School at (336) 242-25__.

Parental Consent
Please sign by the YES or NO and return to your child’s teacher tomorrow.

_____ YES. I agree for my child to be formally placed in the AIG Program in Lexington City Schools.
Signature:________________________________Relationship:____________Date:______________

OR

_____ NO. I do not agree for my child to be placed in the AIG Program in Lexington City Schools.
Signature:________________________________Relationship:____________Date:______________
LEXINGTON CITY SCHOOLS
Academically/Intellectually Gifted Program (AIG)
Parent/Guardian Consent for Additional Evaluation

Date: ___/___/_____ 

Dear Parent/Guardian of ________________________________, 

Your child has been nominated for consideration for the Lexington City School’s Academically/Intellectually Gifted Program. Our school’s AIG School-Based Committee needs more information to determine if your child is eligible. We need your permission to administer ___ an aptitude test, ___ an achievement test, and/or ___ another assessment (__________________________________________). If you have any questions, please contact your school’s AIG SBC chairperson, _______________________, at (336)242-15_____.

Parental Consent
Please sign by the YES or NO and return to your child’s teacher tomorrow.

___YES. I give my permission for my child to be evaluated to determine if he/she may be eligible for AIG services.
Signature:_________________________ Relationship:_____________ Date: ______________

OR

___NO. I do not give permission for my child to be evaluated further to determine if he/she may be eligible for AIG services. I am not interested in my child receiving these services.
Signature:_________________________ Relationship:_____________ Date: ______________
LEXINGTON CITY SCHOOLS
Academically/Intellectually Gifted Program (AIG)
NCWise AIG Program Headcount Reporting

<table>
<thead>
<tr>
<th><strong>Student Name:</strong></th>
<th></th>
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<tbody>
<tr>
<td><strong>NCWISE #:</strong></td>
<td></td>
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</tbody>
</table>

**Eligibility:**
- ___ AIG Reading (AR)
- ___ AIG Math (AM)
- ___ BOTH Reading and Math

**Referral Date:** ___/___/____
(Date on Student Nomination Form)

**Initial Placement Date:** ___/___/____
(Date of the Parent Permission for Initial Placement was signed by parents)

**IEP Team Date:** ___/___/____
(Date the IDEP and/or DEP was shared and signed by parents)

**Serve Date:** ___/___/____
(First time student received AIG services from the AIG Teacher or first day of the following school year)

**Type of Service:** Regular, Resource, or Separate
- ___ Regular - Only served by Regular Education Teacher
- ___ Resource - Pulled out of Regular Education Class and served by AIG Teacher
- ___ Separate - Only served by the AIG Teacher
LEXINGTON CITY SCHOOLS
Academically/Intellectually Gifted Program (AIG)
Differentiated Education Plan for Grades 4-5

Student: ____________________________________________________________  Grade: __________
School/Teacher: ______________________________________________________ Date: ___/___/_____

<table>
<thead>
<tr>
<th>Learning Environment</th>
<th>Content Modification</th>
<th>Enrichment</th>
</tr>
</thead>
<tbody>
<tr>
<td>__Academically Gifted Classes</td>
<td>__Accelerated Content</td>
<td>__Duke Talent Search</td>
</tr>
<tr>
<td>__Math</td>
<td>__Computer-Based Curriculum</td>
<td>__Overnight Field Trip</td>
</tr>
<tr>
<td>__Course Acceleration</td>
<td>__Independent Investigation</td>
<td>__Literature Contest</td>
</tr>
<tr>
<td>__Grade Acceleration</td>
<td>__Learning Centers</td>
<td>__Battle of the Books</td>
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<td></td>
<td>__Project-Based Learning</td>
<td>__Economics</td>
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<tr>
<td></td>
<td>__Other:</td>
<td>Project/Speakers</td>
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<td></td>
<td></td>
<td>__Superstars Math</td>
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<td></td>
<td></td>
<td>__First in Math</td>
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<td></td>
<td>__Math 24 Competition</td>
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<td></td>
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<td>__Math Contests</td>
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<td></td>
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<td>__Thinking Cap Quiz Bowl</td>
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<td>__Other:</td>
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</tbody>
</table>

Parent Signature: ___________________________________________  Date: ______________
LEXINGTON CITY SCHOOLS
Academically/Intellectually Gifted Program (AIG)
Cc: Student AIG Folder, Parent