

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.

Behaviors	Seldom/ Never Observed	Occasionally Observed	Frequently Observed	Almost Always Observed	Frequently Observed	Occasionally Observed	Seldom/ Never Observed	Behaviors
(1) Vocabulary exceeds that of age mates; has fluency and sophistication in elaboration	1	2	3	4	3	2	1	(1) Sarcastic, even appearing rude in comments; loves to talk, even at inappropriate times; quite expressive in casual speech
(2) Has vast knowledge base beyond that of his peers about many topics	1	2	3	4	3	2	1	(2) Not interested in school assignments; only interested in pursuing own interests, which are varied
(3) Unusually interested in adult topics and issues; concerned with issues of right and wrong; judgmental	1	2	3	4	3	2	1	(3) Overwhelmed by despair; overly concerned with right/wrong and justice; feels victimized
(4) Learns new material quickly and displays quick recall of information	1	2	3	4	3	2	1	(4) Refuses to do detail work seen as busy work; impatient with others who aren't finished
(5) Understands underlying principles and concepts; makes valid generalizations; draws key comparisons and contrasts	1	2	3	4	3	2	1	(5) Unwilling to substantiate generalizations; has little interest in what others have to say
(6) Reasons; understands cause/effect relationships; analyzes complicated material	1	2	3	4	3	2	1	(6) Appears unfocused: unable to reach decisions; cannot accept simple guidelines
(7) Is an organizer; likes to have structure in everything around him	1	2	3	4	3	2	1	(7) Loves ambiguity; global thinker; even appears disorganized
(8) Becomes absorbed in work; difficult to switch topics	1	2	3	4	3	2	1	(8) Appears uninterested in school topics; may only enjoy own interests
(9) Persistent until projects completed; perfectionist and self-critical	1	2	3	4	3	2	1	(9) Ignores deadlines; has limited success in completing tasks
(10) Prefers independent work; needs little direction; likes ambiguity	1	2	3	4	3	2	1	(10) Dislikes directions or rules; perceived by others as "weird"
(11) Curious; constantly posing questions	1	2	3	4	3	2	1	(11) Can be offensive with questions; likes to draw attention by challenging authority
(12) Well-liked by classmates; cooperative	1	2	3	4	3	2	1	(12) Intolerant of others' views; perceived as rude
(13) Interested in the "what ifs"; adept at modifying, adapting, and improving something	1	2	3	4	3	2	1	(13) Appears rigid and radical; intolerant of others' view
(14) Has a keen sense of humor; shows emotional sensitivity; expresses true feelings	1	2	3	4	3	2	1	(14) Class clown; irritates others with own humor; interrupts others; speaks out inappropriately
(15) Appreciates beauty; searches for aesthetic qualities	1	2	3	4	3	2	1	(15) Draws or doodles; art may be preferred method of communication; may enjoy graffiti

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

TOTAL SCORE

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
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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: _____

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: ___/___/___

LEXINGTON CITY SCHOOLS
Academically/Intellectually Gifted Program (AIG)
Initial Student Eligibility and Placement Record (back)

Record of AIG-SBC Eligibility Decision

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

Information Needed	Person Responsible	Due for next meeting on

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
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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

Student Name: _____

NCWISE #: _____

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: __/__/____

Learning Environment	Content Modification	Enrichment
___ Academically Gifted Classes ___ Language Arts ___ Math ___ Course Acceleration ___ Grade Acceleration	___ Accelerated Content ___ Computer-Based Curriculum ___ Independent Investigation ___ Learning Centers ___ Project-Based Learning ___ Other :	___ Duke Talent Search ___ Overnight Field Trip ___ Literature Contest ___ Battle of the Books ___ Economics Project/Speakers ___ Superstars Math ___ First in Math ___ Math 24 Competition ___ Math Contests ___ Thinking Cap Quiz Bowl ___ Other:

Parent Signature: _____

Date: _____

LEXINGTON CITY SCHOOLS
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Cc: Student AIG Folder, Parent