

Section I

Forms



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Screening and Referrals

October 3rd Grade CogAt

Does the student obtain a SAS score of 120 or above in overall SAS Composite score or the verbal, non-verbal, or quantitative subtest areas?

Yes

Yes

Screening Observation Form Grades K-8 Spring Each Year

Does the student's name appear in at least 10 out of 16 boxes?
Are there any other indicators of giftedness?

Student Transfers with AIG Placement/Referral

Students who have been placed at other schools and districts should be cluster grouped and begin to receive services and a formal referral for evaluation should be initiated by the principal, classroom teacher, or AIG chairperson. The NDT district AIG coordinator should be contacted if there are concerns about the student data presented.

Formal Referral

A formal referral may be made at any time by the teacher, counselor, parent/guardian, AIG chairperson, principal, NDT team member, or other school personnel as necessary. Refer to Environmental Factors as needed. Once a formal referral is made, the school NDT chairperson should contact the student's parent/guardian. Parent/guardian signature is required on the Consent for Evaluation and Your Rights as a Parent/Guardian..

Yes

Summary of Student Eligibility

Does the student meet the requirements of one of the pathways for placement into the AIG program pending parental/guardian agreement?

Once the signed Consent Form Evaluation and Your Rights as a Parent/Guardian are returned, the Summary of Eligibility can be completed. The Needs Determination Team reviews the student data to determine if the requirements of one of the AIG placement pathways has been met. This may include

- CogAt Results
- EOG/EOC Achievement Test Information
- Student Grades
- Gifted Characteristic Scale
- Student Portfolio
- Other Acceptable Ability, Achievement, and/or Aptitude Assessment Results
- Transfer Student Data from Previous Schools
- Environmental Factors To Be Considered
- Alternate Considerations for Placement (CRT)

No

***If a student meets two out of three pathways on Pathway 3, NDT members may consider placement if there is significant evidence environmental factors masked giftedness.**

Student Placement in the AIG Program

The student meets one of the pathways for placement. Parent/Guardian is given the opportunity for a conference (Use Invitation to Conference) where evaluation results are discussed and he/she signs agreeing to services. The NDT creates the first DEP and it is signed by the parent/guardian. Completed and signed copies of the Consent for Evaluation, Summary of Eligibility, Your Rights as a Parent/Guardian, and the first DEP should be sent to the district AIG office.

Send to Central Review Team to Consider Placement in the AIG Program

Students who the NDT team requests further evaluations for, transfer students, or others that have environmental factors to be taken into consideration should be forwarded to the district office. Please complete and forward the Alternate Considerations for Placement/Request for Alternate Assessment Form (AIG-8).

OR

Wait for Further Indicators

Please note on the Summary of Student Eligibility and indicate the date to update student data and repeat review of eligibility.

OR

The Student Does Not Place At This Time

Attach decision and explanation
PARENTS/GUARDIANS SHOULD HAVE THE OPPORTUNITY FOR A CONFERENCE CONCERNING THE EVALUATION RESULTS.

Caswell County Schools

Grades K-8 Screening Observation Form

Teacher _____ **School Year** _____ **Grade** _____

As students in your class show evidence of the following characteristics, record their first and last name in the appropriate box(es). Use this screening chart as a reminder of student performance. *Digital form is available.

Submit to _____ by _____.

Creative/Imaginative	Avid Reader	Large Vocabulary	Inquisitive
Independent/Shows Initiative	Indicates Intense Interest in Some Areas	Analyzes Well/Logical Thinker	Expresses Self Well
Has Diverse Interests and Collects Information	Alert/Absorbs Information	Resourceful/Often Self- Directed	Shows Advanced Reasoning and Problem Solving
Displays Spatial Abilities	Is Motivated	Shows Social Perceptiveness	Displays Leadership

**Screening Observation Form-"Look Fors"
To Be Used With the AIG-2**

<p>Creative/Imaginative Has original thoughts and ideas. Innovative or clever. Has different opinions that may or may not be widely accepted. Is okay with autonomy.</p>	<p>Avid Reader Reads as much as they can; may be at inappropriate times. May focus on one genre or enjoy many. May reread books or series many times.</p>	<p>Large Vocabulary Possesses a larger than average vocabulary for their age. May be noticed in conversation with adults and/or peers. May appear in writing.</p>	<p>Inquisitive Asks lots of questions, sometimes to the point of being annoying. Wants to know everything they can about one topic or subject or about everything in general.</p>
<p>Independent/Shows Initiative Is self-reliant or self-sufficient, a go-getter. May enjoy/prefer working alone.</p>	<p>Indicates Intense Interest in Some Areas Is seemingly obsessed with a topic(s). Asks questions and "researches" information about the topic(s). May show little to no interest in what is being taught, only to what the interest is.</p>	<p>Analyzes Well/Logical Thinker Is able to easily find and use facts to answer questions. Is able to draw rational conclusions. Pays close attention to details and creates a plan or strategy.</p>	<p>Expresses Self Well Can elaborate thoughts and ideas easily. Expressive. May have trouble listening and talk at inappropriate times. May interrupt others to express self.</p>
<p>Has Diverse Interests & Collects Information Deeply interested in many things. Is good at a variety of things. Remembers information easily and in abundance.</p>	<p>Alert/Absorbs Information Learns and retains information quicker than same-age peers. Doesn't need as much practice to master something. May appear bored in class or be unwilling to show work.</p>	<p>Resourceful/Often Self-Directed Has high standards and goals for self. Finds a way to complete a task. Focused, sometimes to the point of being oblivious to others, time, or deadlines.</p>	<p>Shows Advanced Reasoning & Problem Solving Is able to solve problems without specific directions. May understand multiple paths to an answer, but can choose the most efficient/effective. Can come up with multiple answers if appropriate.</p>
<p>Displays Spatial Abilities Is able to picture or visualize concepts in their mind. Can easily find patterns and understand part-whole relationships. Can complete puzzles or tangram puzzles with ease.</p>	<p>Is Motivated Has a desire to accomplish a task or goal. Is willing to put in effort and persevere. May be motivated by grades or the fear of failure.</p>	<p>Shows Social Perceptiveness Is aware of others' reactions and why they react the way they do. May show sympathy or empathy for others. May have concern/be overly concerned for social issues and problems.</p>	<p>Displays Leadership Is skilled at being a leader. Can influence others' actions and feelings (good/bad). May help create/build a classroom community.</p>

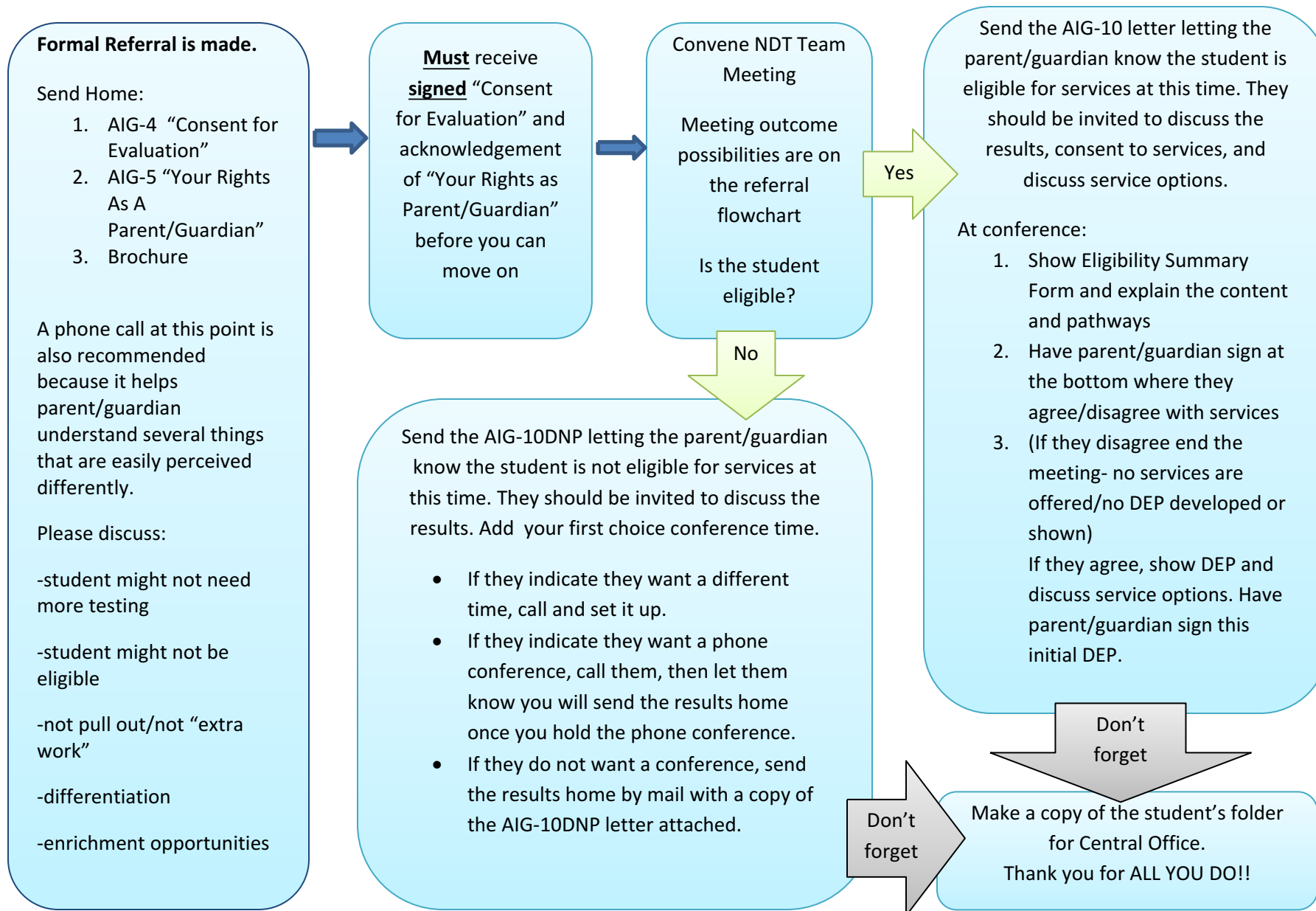
"Look Fors" are based on the Slocumb-Payne Teacher Perception Inventory: A Scale for Rating Superior Students from Diverse Backgrounds".

Screening: AIG Environmental Factors to Be Considered

Student Name: _____ School: _____ Grade: _____

<u>Language</u>		Dominant, first-acquired language spoken in the home is other than English.
		Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment, dialectical differences acting as a barrier to learning)
<u>Economic</u>		Residence in a depressed economic area and/or homeless
		Low family income (qualifies or could qualify for free/reduced lunch)
		Necessary employment or home responsibilities interfere with learning
<u>Achievement</u>		Student peer group devalues academic achievement
		Consistently poor grades with little motivation to succeed
<u>School</u>		Irregular attendance (excessive absences during current or most recent grading period)
		Transience in elementary school (at least 3 moves)
		Limited opportunities for exposure to development experiences for which student may be ready
<u>Enrichment</u>		Limited enrichment experiences outside of school
		Limited availability of enrichment materials and resources at home
		No school-related extra-curricular learning activities in student's area of strength/interest
<u>Program</u>		Member of a group that is underrepresented in the gifted program
<u>Other Considerations</u>		May have vision, auditory, or other sensory deficits
		May have attention deficits or focusing/concentration problems
		Projects or classroom work, not tests, best reveal student's strengths
		High ability displayed in focused area: _____
		Performs poorly on timed tests
		Is a highly reflective thinker and does not provide quick answers to questions
		Entered kindergarten early or was grade skipped ____ year(s) in ____ grade(s)
		May have another deficit or disability that interferes with educational performance or assessment

Parent/Guardian Contact Flow Chart Following a Formal Referral



Notice and Consent for Evaluation

Student _____ Grade _____ School _____

Dear Parent/Guardian:

Your child has been referred for evaluation to identify his/her needs for differentiated services within the Academically Intellectually Gifted (AIG) Program.

Our mission as a school system is to offer students the services they need to be successful. We would like to review your child's academic achievement and determine if your child might benefit from AIG services. At this time, *we are only requesting permission to evaluate*. You will be notified whether the program is deemed appropriate for your child or not at a later time. If your child is eligible, you will be invited to discuss services available as well as the evaluation results. "Services" do not mean "extra" work. Please call to discuss any concerns you may have.

Sign below to indicate if you would like for the Needs Determination Team (NDT) to review your child's academic achievement and request additional testing, if needed, to determine eligibility. Evaluation results will be shared with you whether your child is eligible for services or not.

Enclosed is *Your Rights as a Parent/Guardian*. Please review and feel free to contact me, the Caswell County Schools' AIG Director, or the District AIG Coordinator, if you have questions or concerns.

NDT Chairperson_____
Date

Phone _____ E-mail _____

Carol Boaz, AIG Director: 336 694-4116 or cboaz@caswell.k12.nc.us

Marcy Piotrowski, AIG Coordinator: 336 694-4116 x33 or marcella.piotrowski@caswell.k12.nc.us

Consent for Evaluation

_____ I give permission for my child to be evaluated. I have received a copy of *Your Rights as a Parent/Guardian*.

_____ I agree for my child to have AIG services, if evaluation results indicate a need for the services.

_____ I do not give permission for my child to be evaluated. I am not interested in services at this time. I have Received a copy of *Your Rights as a Parent/Guardian*.

Parent/Guardian Signature_____
Date

Contact information: Phone _____ E-mail _____

Please sign and return to _____ by ____/____/____

YOUR RIGHTS AS A PARENT/GUARDIAN**Due Process Rights**

All academically or intellectually gifted students must be provided a free appropriate public education. Differentiated services will be provided for the academically or intellectually gifted student (1) at no expense to the parent, (2) according to the guidelines of the North Carolina Department of Public Instruction and the Caswell County Schools AIG Program, and (3) according to the student's Differentiated Education Plan (DEP).

Nomination: When any person thinks that a child is academically or intellectually gifted and may need differentiated educational services, that person should inform school personnel in writing the reasons for referring the child and complete the appropriate student checklist as requested. The referral should include information about the student's characteristics and strengths that require differentiated services. A student must be enrolled in public school, and the nomination should be given to the student's teacher, principal, or school Needs Determination Team (NDT) chairperson.

Screening and Evaluation: After a child has been nominated and in order to determine his/her needs for differentiated services in the AIG program, a screening process must be followed:

1. An NDT must review all nominations and, based on need, make recommendations for referral for further evaluation.
2. The parent/guardian must give written permission before any individual evaluation may be administered.
3. A trained NDT will make appropriate recommendations for student eligibility and differentiated services.

If the parent/guardian does not agree with the system's decision concerning eligibility, he/she has the right to submit results of an independent educational and intellectual evaluation. The evaluation must be administered by a qualified examiner who is not employed by the education agency responsible for the student's education. Measures of intellectual aptitude and achievement are two of the formal criteria used in determining eligibility, and additional measures do not necessarily guarantee placement in the AIG Program, although those results will be considered.

THE SCHOOL SYSTEM DOES NOT PAY FOR INDEPENDENT EDUCATIONAL OR INTELLECTUAL EVALUATIONS.

The parent/guardian has the right to ask to meet with the NDT to review the decision.

For students identified as academically or intellectually gifted, a Differentiated Education Plan (DEP) must be written. Such a plan will include student strengths and the options considered by the school-site team as appropriate to the student's educational needs. Placement is the end result of referral, evaluation, consideration of all criteria involved in giftedness, and the development of the DEP. The school system must ensure that placement is based on multiple indicators of giftedness and that options chosen are based on the needs of the student.

If a parent/guardian disagrees with any decision(s) of the school-site committee regarding referral, identification, or services, the following procedure will be followed:

1. The parent/guardian may request in writing a conference with the NDT within 10 days of the decision being appealed. Written response will be sent to the parent/guardian within 10 days.
2. If the parent/guardian still disagrees with the decision, he/she may appeal in writing to the principal within 10 days. The principal will schedule a Central Review Team conference with the district AIG director within 10 days.
3. If the disagreement is not resolved, the parent/guardian may make a written appeal to the superintendent within 10 days. A conference will be scheduled within 10 days of the request. The superintendent will respond in writing within ten days. Mediation may be an option at this point.
4. The superintendent's decision may be appealed in writing to the local Board of Education within 10 days. Following the Board of Education review, a written decision will be made within 30 days of complaint being received by the Board.
5. If local efforts fail to resolve the disagreement, the parent/guardian may file a petition for a contested case hearing under Article 3 of Chapter 150B of the General Statutes. The hearing will be limited to consideration of (1) whether the local school unit improperly failed to identify the student as an AIG student or (2) whether the local plan has been implemented appropriately.

Following the hearing, the administrative law judge will make a decision based on the findings of fact and conclusions of law. The decision of the administrative law judge becomes final, is binding on all parties, and is not subject to further review under Article 4 of Chapter 150B of the General Statutes. **ATTORNEY FEES ARE THE RESPONSIBILITY OF THE PARENT.**

Date: _____

Parent or Guardian Signature

*Parent/Guardian signature indicates parent has received copy

Revised 2022



CASWELL COUNTY SCHOOLS
SUMMARY OF INDIVIDUAL STUDENT ELIGIBILITY AND PLACEMENT RECORD
ACADEMICALLY/INTELLECTUALLY GIFTED PROGRAM (Grades K-12) School _____

Student _____ DOB ____/____/____ Age ____ Grade ____ Gender ____ Race ____
 Parent/Guardian _____ Phone: H () ____-____, C () ____-____, W () ____-____
 Address _____ City _____ State _____ Zip _____
 Person Initiating Review _____ Date submitted ____/____/____ Transfer Student ____ Yes ____ No

	CogAT Date ____/____/____ SAS Composite Score ____ PR ____	Other Aptitude Test Information If Available: Other Aptitude Test (Specify) _____ Describe results _____ Age Appropriate Percentile Rank ____ (for AI placement only) Reading Grade ____ Math Grade ____	Pathway 1- Must Meet Requirement Overall SAS Composite Score of 124 or higher, OR percentile rank of 93 or higher required on accepted aptitude test Meets Criteria for Pathway 1 ____ Intellectually Gifted (IG) w/o 93 grades OR ____ Academically & Intellectually Gifted (AI) w/ 93 grades																		
Pathway 2	Aptitude (Subtests) CogAT Subtests Reading Verbal: SAS ____ PR ____ Math: Non-Verbal: SAS ____ PR ____ Quantitative: SAS ____ PR ____	Achievement Tests (EOG/EOC) Reading EOG ____ Math EOG ____ Date ____ Reading EOG ____ Math EOG ____ Date ____ Reading EOG ____ Math EOG ____ Date ____ Subject ____ EOC ____ Date ____ Subject ____ EOC ____ Date ____ Subject ____ EOC ____ Date ____ Other Accepted Achievement Test Test ____ Date ____ Reading PR ____ Math PR ____	Pathway 2- Must Meet Both Requirements 1) CogAt Score (Composite or subtest) of 120 or above/percentile rank of 90 or higher required on accepted aptitude test 2) EOG/EOC or Accepted Achievement scores of 92 th PR or higher. (May be in both subjects or reading or math subareas) Meets Criteria for Pathway 2 in Both Subjects (Academically Gifted-AG) Meets Criteria for Pathway 2 in Reading (Academically Gifted in Reading-AR) Meets Criteria for Pathway 2 in Math (Academically Gifted in Math-AM)																		
Pathway 3	Grades:(use 9 weeks or semester) Reporting Period Used ____ Reading ____ Math ____ K-8 Screening Observation Form (If completed, can be considered in body of evidence but is not part of specific criteria) Score: ____/16 Student Portfolio: Attached work samples indicate work 1-2 grade levels above Reading ____ Math ____	Pathway 3- Must Meet 3 out of 5 Requirements Does student meet 3 of 5 criteria for math, reading, or both? Check if criteria met for each subject: <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Reading</td> <td style="text-align: center;">Math</td> </tr> <tr> <td>CogAT Composite or subtest 120 or 90 PR or above</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>EOG Percentile Rank of 91 or above</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Grades 93 or above</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Portfolio Work 1-2 years above grade level</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Gifted Characteristic Scale Score of 125 or above</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____ (both)</td> </tr> </table>		Reading	Math	CogAT Composite or subtest 120 or 90 PR or above	_____	_____	EOG Percentile Rank of 91 or above	_____	_____	Grades 93 or above	_____	_____	Portfolio Work 1-2 years above grade level	_____	_____	Gifted Characteristic Scale Score of 125 or above	_____	_____ (both)	Pathway 3- Must Meet 3 out of 5 Requirements Meets 3 out of 5 Criteria for Pathway 3 in Both Subjects (Academically Gifted-AG) Meets 3 out of 5 Criteria for Pathway 3 in Reading Only (Academically Gifted in Reading-AR) Meets 3 out of 5 Criteria for Pathway 3 in Math Only (Academically Gifted in Math-AM)
	Reading	Math																			
CogAT Composite or subtest 120 or 90 PR or above	_____	_____																			
EOG Percentile Rank of 91 or above	_____	_____																			
Grades 93 or above	_____	_____																			
Portfolio Work 1-2 years above grade level	_____	_____																			
Gifted Characteristic Scale Score of 125 or above	_____	_____ (both)																			

____ Initial Placement Date ____/____/____ **OR** ____ Watch for Further Indicators-Review before ____/____/____ **OR** ____ Send to Central Review Team
 ____ Environmental factors were considered, see attached
 ____ Services recommended at this time. Placement: ____ **IG** ____ **AI** ____ **AG** ____ **AR** ____ **AM** **OR** ____ No services recommended at this time (justification attached)

NDT Chairperson _____ Date ____/____/____ Committee Members _____

____ I agree ____ I do not agree for my child to receive services in the Academically/Intellectually Gifted Program.

Parent/Guardian Signature _____ Date _____

CASWELL COUNTY SCHOOLS

Academically Gifted Program

Gifted Characteristic Scale

Student: _____ Race: _____ Gender: _____ Date: ____/____/____

School: _____ Name of Person Completing Form: _____

Please complete the following checklist by circling the number which best represents your observation of the student. Use the rubric listed below to determine your rating.

1. You have not observed these behaviors
2. You have occasionally observed these behaviors
3. You have usually observed these behaviors
4. You almost always or always observe these behaviors

Learning Characteristics

- | | | | | |
|--|---|---|---|---|
| • Uses a more advanced vocabulary than others his/her age, or grade level | 1 | 2 | 3 | 4 |
| • Has a good memory and can recall information easily | 1 | 2 | 3 | 4 |
| • Tries to discover the how and why of things; asks many questions about how thing (or people) "tick" | 1 | 2 | 3 | 4 |
| • Looks for and can quickly see similarities and differences in events (happening, people, and things) | 1 | 2 | 3 | 4 |
| • Sees more or gets more out of a story, film or other experiences than others his/her age and with whom he/she associates | 1 | 2 | 3 | 4 |
| • Is interested in and expresses a desire to read; has mastered reading skills beyond those of his/her age and with whom he/she associates | 1 | 2 | 3 | 4 |
| • Tries to understand difficult materials; reasons things out for himself/herself | 1 | 2 | 3 | 4 |
| • Sees and gives logical and common sense answers | 1 | 2 | 3 | 4 |

Motivational Characteristics

- | | | | | |
|---|---|---|---|---|
| • Becomes absorbed in projects | 1 | 2 | 3 | 4 |
| • Is bored with routines | 1 | 2 | 3 | 4 |
| • Needs little motivation from others to pursue | 1 | 2 | 3 | 4 |
| • Strives for perfection | 1 | 2 | 3 | 4 |
| • Prefers to work alone | 1 | 2 | 3 | 4 |
| • Is interested in a variety of topics and activities | 1 | 2 | 3 | 4 |
| • Perseveres in belief | 1 | 2 | 3 | 4 |
| • Likes to organize things, people and activities | 1 | 2 | 3 | 4 |
| • Is quite concerned with right and wrong; good and bad | 1 | 2 | 3 | 4 |

Creativity

- | | | | | |
|---|---|---|---|---|
| • Is curious about many things | 1 | 2 | 3 | 4 |
| • Can come up with a number of ideas for solutions to problems, often offers clever ideas | 1 | 2 | 3 | 4 |
| • Is willing to take risks | 1 | 2 | 3 | 4 |
| • Has an active imagination; likes to play with ideas | 1 | 2 | 3 | 4 |
| • Has a keen sense of humor | 1 | 2 | 3 | 4 |
| • Is not afraid to be different from others | 1 | 2 | 3 | 4 |
| • Recognizes beauty in his/her surroundings | 1 | 2 | 3 | 4 |
| • Asks for justification of rules | 1 | 2 | 3 | 4 |

Leadership

Carries responsibility well; can be counted on to do what he/she has promised and usually does it well

- | | | | | |
|--|---|---|---|---|
| • Has confidence in him/herself with others his/her own age as well as with adults; likes to show his/her work to others | 1 | 2 | 3 | 4 |
| • Gets along well with others | 1 | 2 | 3 | 4 |
| • Can express him/herself well | 1 | 2 | 3 | 4 |
| • Adapts easily to new situations | 1 | 2 | 3 | 4 |
| • Likes to direct activities in in which he/she is involved | 1 | 2 | 3 | 4 |
| • Participates readily in activities | 1 | 2 | 3 | 4 |

Adaptability

- | | | | | |
|--|---|---|---|---|
| • Handles outside responsibilities and meets school demands | 1 | 2 | 3 | 4 |
| • Learns through experience; is flexible and resourceful in solving day-to-day problems | 1 | 2 | 3 | 4 |
| • Deals effectively with problems, frustrations, or obstacles by the complexities of life | 1 | 2 | 3 | 4 |
| • Is able to overcome lack of environmental structure and direction | 1 | 2 | 3 | 4 |
| • Displays high degree of social reasoning and/or behavior and shows ability to discriminate | 1 | 2 | 3 | 4 |
| • Could use limited resources to make meaningful products | 1 | 2 | 3 | 4 |
| • Displays maturity of judgment and reasoning beyond own age level | 1 | 2 | 3 | 4 |
| • Can transfer learning from one situation to another | 1 | 2 | 3 | 4 |

Please add each column + + + =

(Please add all ratings and place total here) _____

Additional Comments: _____

Alternate Considerations for Placement/ Request for Alternative Assessment

STUDENT: _____

ID#: _____

SCHOOL: _____ GRADE: _____ BIRTHDATE: _____

The purpose of this form is to assist the Needs Determination Team (NDT) and Central Review Team in determining if this student is a candidate for further review. The school NDT should provide all data collected concerning the student, note any factors which significantly mask giftedness, and any other student information to be considered by Central Review Team. The Central Review Team will analyze student information and data collected to determine if additional assessments or data collection is needed. The NDT should complete the following checklist. If alternative testing is requested, the NDT submits this request and the referral packet. A statement of justification should be included in the packet.

Please check those that apply to this student:

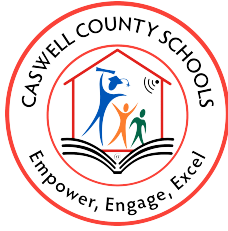
1. _____ Is disadvantaged socio-economically
2. _____ Resides in economically depressed area or is homeless
3. _____ Is an ESL student
4. _____ Language may be a barrier (dialect, English not spoken at home, transient/migratory)
5. _____ Is in membership at a school in which fifty percent or more of the students perform below grade level on standardized tests
6. _____ Receives exceptional children's services or has a 504 plan
7. _____ Peer group devalues academic achievement
8. _____ Consistently poor grades, little motivation to learn
9. _____ Is viewed as an outstanding student by his/her teacher, yet he/she does not meet the testing qualifications for gifted services
10. _____ Has had irregular attendance during a grading period
11. _____ Has moved at least three times during elementary school
12. _____ Limited opportunities for exposure to high interest activities
13. _____ Home responsibilities/necessary pupil employment interfere with learning activities
14. _____ Does not participate in extra-curricular or community activities
15. _____ Limited enrichment experiences outside the home
16. _____ Limited availability of enrichment materials and resources at home
17. _____ No school-related extra-curricular learning activities in student's area of interest
18. _____ Member of a group that is under-represented in the gifted program
19. _____ May have visual, auditory or other sensory deficits
20. _____ May have attention deficits or focusing/concentration problems
21. _____ Projects or classroom work, not tests, best reveal student's strengths
22. _____ High ability displayed in focused area: _____
23. _____ Performs poorly on timed tests
24. _____ Is a highly reflective thinker and does not provide quick answers to questions
25. _____ Lacks testing data
26. _____ May have another deficit or disability that interferes with performance or assessment

_____ **No indicators above apply (please send explanation of considerations requested)**

_____ **The NDT team feels this student needs an alternative assessment (attach justification)**

STUDENT INTERVIEW
Linda Kreger Silverman, PH.D

1. What would you like to know about the gifted program?
2. Do you think you would like to participate in it? Why?
3. If the program should involve extra time and effort, would you be able to devote this time and energy?
4. If you could design the program to suit your own needs, what would it be like?
5. Why do you think you were nominated for the program?
6. What are your major interests?
7. What careers are most appealing to you?
8. What do you see as your strengths?
9. What do you do well enough to teach to someone else?
10. What do you feel are your weaknesses?
11. What motivates you to do your best work?
12. Whom do you feel has had the most influence on you? Why?
13. What do you appreciate most in your teachers?
14. What individual (living or dead) do you most admire? Why?
15. What is the most important thing you would like to accomplish in your life?
16. Have you completed any projects of which you are proud? What made you decide to do this project? Did anyone help you? How much time did you put into it?
17. If you had the opportunity to investigate anything at all, what would you choose to study? Why? What hypotheses do you have about this subject? Have you done any research on it so far? How would you go about studying it further? What resources would you use? Whom would you ask for help?
18. Do you have any questions you would like to ask?



Caswell County Schools

P.O. Box 160, Yanceyville, North Carolina / Ph: 336-694-4116 / Fax: 336-694-5154

INITIAL PLACEMENT DECISION/EVALUATION RESULTS

Date Sent: ____ / ____ / ____

Dear _____,

Re: _____ (Student's name)

For a child to receive the education he/she needs, it is important for the school and the parent/guardian to work together. We are requesting that you attend a conference to discuss _____'s recommendation regarding the AIG Program. At this meeting we would like to discuss service options with your input.

The meeting is scheduled for (date) _____ at (time) _____, (place) _____. At this meeting, you are entitled to all the parental/guardian rights described in the *Parent's/Guardian's Due Process Procedures Regarding AIG Identification and Services Decisions*.

Sincerely,

Needs Determination Team Chairperson

.....
Please check one, sign, and return to NDT Chairperson at your school:

_____ I will be present for the conference. I would like to discuss evaluation results and services.

_____ I cannot meet at this time. Please call me at _____ to arrange another time or set up a phone conference.

Parent/Guardian Signature

Date

Date Received from Parent/Guardian ____ / ____ / ____

AIG-10 (22-25)



Caswell County Schools

P.O. Box 160, Yanceyville, North Carolina / Ph: 336-694-4116 / Fax: 336-694-5154

EVALUATION RESULTS

Date Sent: ____ / ____ / ____

Dear _____,

Re: _____ (Student's name)

For a child to receive the education he/she needs, it is important for the school and the parent/guardian to work together. Teachers and schools offer services to students based on eligibility and evaluations of student information. It was determined that your child is not currently eligible for AIG services at this time. Your child may be reevaluated in a year, if needed. We appreciate working with you and your child. Please indicate the next steps you would like below and return to school.

Sincerely,

Needs Determination Team Chairperson

.....
Complete the information in the appropriate box below. Please sign, and return to NDT Chairperson at your school.

____ I would like to discuss the results by phone.
A good number to contact me at is _____.
Some good times to contact me are _____.

____ I would like to discuss the results in a conference.
A possible conference is scheduled for (date) _____ at (time) _____
(place) _____. At this meeting, you are entitled to all the parental
rights described in the *Parent's/Guardian's Due Process Procedures Regarding AIG Identification and Services Decisions*.
____ I will be present for the conference. I would like to discuss evaluation results.
____ I cannot meet at this time. Please call me at _____ to arrange another time.

____ I do not wish to discuss the results. A copy of the results will be sent home.

Parent/Guardian Signature

Date

Date Received From Parent/Guardian ____ / ____ / ____

AIG-10DNP (22-25)



Caswell County Schools

P.O. Box 160, Yanceyville, North Carolina / Ph: 336-694-4116 / Fax: 336-694-5154

Date Sent: ____ / ____ / ____

Dear _____,

Re: _____ (Student's name)

For a child to receive the education he/she needs, it is important for the school and the parent/guardian to work together. We are requesting that you attend a conference.

At this meeting we would like to discuss one or more of the following:

- ___ Ways to meet the educational needs of your child
- ___ Evaluation Results
- ___ Develop or change the Differentiated Education Program (DEP)
- ___ Change in Placement
- ___ Change in Educational Setting
- ___ Change in Identification

The meeting is scheduled for (date) _____ at (time) _____,
(place) _____. At this meeting, you are entitled to all the parental rights
described in the *Parent's/Guardian's Due Process Procedures Regarding AIG Identification and Services
Decisions*.

Sincerely,

Needs Determination Team Chairperson

.....
Please check one, sign, and return to NDT Chairperson at your school:

___ I will be present for the conference.

___ I cannot meet at this time. Please call me at _____ to arrange another time.

Parent/Guardian Signature

Date

Date Received from Parent/Guardian ____ / ____ / ____

AIG-11 (22-25)



CASWELL COUNTY SCHOOLS

AIG Program

NDT / DEP TEAM MINUTES

Child's Name: _____ DOB: _____ School: _____ Date: _____

Purpose of Meeting: ☐ Eligibility ☐ Change in Placement ☐ Initial ☐ Change in Category ☐ Annual Review
 ☐ Reevaluation ☐ Other: _____

Team Discussion _____

Additional notes may be placed on the back of this sheet as needed.

Decision/Recommendation:

Obtain signatures of those in attendance:

Attendees:

Position:

Attendees:

Position:

_____ NDT chair

_____ Parent/Guardian

_____ - - - - -

_____ - - - - -

_____ - - - - -

_____ NDT Member

_____ NDT Member

_____ NDT Member

_____ Principal

_____ Classroom Teacher

Caswell County Schools
Grades K-5 Differentiated Education Plan/Annual Review

Student: _____ Grade: _____ Age: _____

School: _____

Please circle areas of eligibility Reading Math Both

Needs Determination Team: These placement and service decisions should be based on the student's identification and needs related to the specific criteria for each service option.

Service Options

Learning Environment	Content Modifications		Enrichment
<input type="checkbox"/> In-Class Flexible Grouping <input type="checkbox"/> Subject Grouping Within a Team Specify Subject: _____ <input type="checkbox"/> Subject Grouping Across Teams Specify Subject: _____ <input type="checkbox"/> Subject Acceleration	Reading: <input type="checkbox"/> Curriculum Compacting <input type="checkbox"/> Thematic or Integrated Units <input type="checkbox"/> Computer-Based Instruction <input type="checkbox"/> Choice Boards/Menus <input type="checkbox"/> Socratic Seminar <input type="checkbox"/> Differentiated Units/Projects <input type="checkbox"/> Tiered Assignments <input type="checkbox"/> Research Paper <input type="checkbox"/> Learning Contracts <input type="checkbox"/> Independent Study <input type="checkbox"/> Differentiated Learning Stations <input type="checkbox"/> Problem/Project Based Learning <input type="checkbox"/> Other: Comments: _____ _____ _____	Math: <input type="checkbox"/> Curriculum Compacting <input type="checkbox"/> Thematic or Integrated Units <input type="checkbox"/> Computer-Based Instruction <input type="checkbox"/> Choice Boards/Menus <input type="checkbox"/> Differentiated Units/Projects <input type="checkbox"/> Tiered Assignments <input type="checkbox"/> Research Paper <input type="checkbox"/> Learning Contracts <input type="checkbox"/> Independent Study <input type="checkbox"/> Differentiated Learning Stations <input type="checkbox"/> Acceleration Opportunities <input type="checkbox"/> Problem/Project Based Learning <input type="checkbox"/> Other: Comments: _____ _____ _____ _____	<input type="checkbox"/> Word Master Challenge <input type="checkbox"/> Math League Press <input type="checkbox"/> Battle of the Books <input type="checkbox"/> Other Academic Competitions Specify: _____ _____ <input type="checkbox"/> Junior Beta Club <input type="checkbox"/> After school clubs <input type="checkbox"/> Community service project <input type="checkbox"/> General exploratory activities

Teacher _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian signature indicates that he/she has received a copy of this document.

Midyear Review Date: ____ / ____ / ____

____ Continued Services or ____ Instructional Support Plan Attached Parent/Guardian Notified ____ / ____ / ____
 Notes: _____

End of Year Review Date: ____ / ____ / ____

____ Continued Services or ____ Instructional Support Plan Attached Parent/Guardian Notified ____ / ____ / ____

Teacher _____ Date ____ / ____ / ____

Caswell County Schools
Grades 6-8 Differentiated Education Plan/Annual Review

Student: _____ Grade: _____ Age: _____

Please circle areas of eligibility

English Language Arts Math Both

Needs Determination Team: These placement and service decisions should be based on the student's identification and needs related to the specific criteria for each service option.

Service Options

Learning Environment	Content Modifications		Enrichment
<input type="checkbox"/> In-Class Flexible Grouping <input type="checkbox"/> Subject Grouping Within a Team Specify Subject: _____ <input type="checkbox"/> Subject Grouping Across Teams Specify Subject: _____ <input type="checkbox"/> Subject Acceleration	Reading: <input type="checkbox"/> Curriculum Compacting <input type="checkbox"/> Thematic or Integrated Units <input type="checkbox"/> Computer-Based Instruction <input type="checkbox"/> Choice Boards/Menus <input type="checkbox"/> Socratic Seminar <input type="checkbox"/> Differentiated Units/Projects <input type="checkbox"/> Tiered Assignments <input type="checkbox"/> Research Paper <input type="checkbox"/> Learning Contracts <input type="checkbox"/> Independent Study <input type="checkbox"/> Differentiated Learning Stations <input type="checkbox"/> Problem/Project Based Learning <input type="checkbox"/> Other: _____ Comments: _____ _____ _____	Math: <input type="checkbox"/> Curriculum Compacting <input type="checkbox"/> Thematic or Integrated Units <input type="checkbox"/> Computer-Based Instruction <input type="checkbox"/> Choice Boards/Menus <input type="checkbox"/> Differentiated Units/Projects <input type="checkbox"/> Tiered Assignments <input type="checkbox"/> Research Paper <input type="checkbox"/> Learning Contracts <input type="checkbox"/> Independent Study <input type="checkbox"/> Differentiated Learning Stations <input type="checkbox"/> Problem/Project Based Learning <input type="checkbox"/> Other: _____ Comments: _____ _____ _____	<input type="checkbox"/> Word Master Challenge <input type="checkbox"/> Math League Press <input type="checkbox"/> Battle of the Books <input type="checkbox"/> Other Academic Competitions Specify: _____ _____ <input type="checkbox"/> Junior Beta Club <input type="checkbox"/> After school clubs <input type="checkbox"/> Community Service Project <input type="checkbox"/> General exploratory activities

Teacher _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian signature indicates that he/she has received a copy of this document.

Midyear Review Date: ____ / ____ / ____

____ Continued Services or ____ Instructional Support Plan Attached Parent/Guardian Notified ____ / ____ / ____

Notes:

End of Year Review Date: ____ / ____ / ____

____ Continued Services or ____ Instructional Support Plan Attached Parent/Guardian Notified ____ / ____ / ____

Teacher _____ Date ____ / ____ / ____

Caswell County Schools
Grades 9-12 Differentiated Education Plan/Annual Review

Student: _____ Grade: _____ Age: _____

Please circle areas of eligibility

English Language Arts

Math

Both

Needs Determination Team: These placement decisions should be based on the student's needs related to the specific criteria for each service option.

Service Options

Learning Environment

Content Modification

Enrichment Based on Interest

Selected Advanced Courses

___ Honors Courses

Specify:

___ Advanced Placement Courses

Specify:

___ CDM

___ NCVPS

___ Dual Enrollment/CCP

___ Associate's Degree Pathway

___ Early Graduation

___ Workplace Ready Credentials

___ CTE

___ Computer Based Instruction

___ Socratic Seminar

___ Differentiated Units/Projects

___ Tiered Assignments

___ Group Inquiry

___ Student Led Conference

___ Independent Study

___ Mentor Programs

___ Internships

___ Problem/Project Based Learning

___ Other: _____

Academic

___ Beta Club

___ Governor's School

___ Other: _____

Leadership

___ Student Council

___ Service Projects

___ Other: _____

Arts

___ Band

___ Dance Company

___ Other: _____

Athletics

Specify:

After School Clubs/Organizations

Specify:

Counselor _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian signature indicates that he/she has received a copy of this document.

Midyear Review Date: ____ / ____ / ____

___ Continued Services or ___ Instructional Support Plan Attached

Parent/Guardian Notified ____ / ____ / ____

Notes:

End of Year Review Date: ____ / ____ / ____

___ Continued Services or ___ Instructional Support Plan Attached

Parent/Guardian Notified ____ / ____ / ____

Teacher _____ Date ____ / ____ / ____

Caswell County Schools
Individual Differentiated Education Plan (IDEP)/Annual Review

Student: _____ Grade: _____ Age: _____

School: _____

Please circle areas of eligibility

Reading/English Language Arts

Math

Both

Please circle areas of concern

Reading/English Language Arts

Math

Both

Please describe student strengths and high interest areas:

Please describe concerns:

Grades:

Math _____

Reading/ELA _____

Science _____

Social Studies/History _____

Other _____

Other _____

List modifications and supports to be put in place for the student:

Counselor _____ Date _____

Parent/Guardian _____ Date _____

Parent/Guardian signature indicates that he/she has received a copy of this document.

Notes: _____

Midyear Review Date: ____/____/____

____ Continued Services or ____ Instructional Support Plan Attached

Parent/Guardian Notified ____/____/____

Notes: _____

End of Year Review Date: ____/____/____

____ Continued Services or ____ Instructional Support Plan Attached

Parent/Guardian Notified ____/____/____

Counselor _____ Date ____/____/____



DEP Midyear Review

Date: _____

To: Parents/Guardians of AIG Students

Your child has a Differentiated Education Plan (DEP) documenting some of the instructional practices in place for differentiated instruction. A copy of your child's current DEP is attached. Teachers are conducting midyear reviews of these plans. Please complete and return this form to your child's teacher. If you have any questions or concerns, please note that you would like additional follow up from your child's teacher(s) below.

Thank you for supporting our efforts to provide services appropriate for your child.

Name of Student: _____

___ I am aware of the services that my child is receiving as indicated on the DEP.

___ I would like additional information regarding services indicated on the DEP. Please have my child's teacher contact me to schedule follow up discussion.

Comments or Questions:

Parent/Guardian Signature _____ Date: _____

Phone: _____ Email: _____

