

# KING WILLIAM COUNTY PUBLIC SCHOOLS

## Summary of Eligibility Timeframe

	<b>Procedure</b>	<b>Responsible</b>	<b>Timeline</b>
1	Submit referrals.	School Personnel & others	Continuous and ongoing
2	Obtain parental permission to evaluate student.	Gifted Resource Teacher	Continuous and ongoing
3	Obtain supportive information.	Gifted Resource Teacher/ Teacher	25 school days after Step 1
4	Determine eligibility.	Identification Committee	25 school days after Step 2
5	Recommend services, if student is eligible.	Gifted Resource Teacher	25 school days after Step 3
6	Develop GEP.	Gifted Resource Teacher	15 school days after Step 4
7	Review GEP.	Principal (or designee)	Immediately after Step 5
8	Inform parents/guardians of GEP.	Gifted Resource Teacher	Immediately after Step 6
9	Accept or reject GEP (parents/guardians).	Gifted Resource Teacher	Immediately after Step 7
10	If accepted, provide services including classroom differentiation in regular classroom.	Gifted Resource Teacher Regular Classroom Teacher	Immediately after Step 8
11	Re-evaluate students.	Identification Committee	Ongoing as appropriate

**NOTE:**

The gifted GRT at each school is responsible for the entire identification process from referral/nomination to placement and delivery of services. The principal and assistant principal are responsible for monitoring the differentiation and enrichment services in the regular classroom. This timeline may be adjusted when large groups of students are referred and scheduled to be tested for eligibility and subsequent services. Parents will be notified in writing of any change(s) of this timeline.

**KING WILLIAM COUNTY PUBLIC SCHOOLS**  
**Gifted Education Plan for Services**  
**Testing Permission Form**

Dear Parents / Guardians:

\_\_\_\_\_ has been referred as a student who may benefit from the King William Gifted Program. Your permission is needed to gather more information concerning your child to assist the Gifted Identification Committee in the screening process. The completed permission form is required prior to individual student interviews or the administration of the screening tests.

You will be invited to the committee meeting and asked to present any additional information regarding your child's nomination to the Gifted Program. You will be notified of the date and time of the committee meeting.

If you have any questions concerning the screening process, please feel free to contact me.

Sincerely,

Gifted Resource Teacher

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\_\_\_\_\_ Yes, I give permission for \_\_\_\_\_ to be interviewed and tested for the Gifted Program.

\_\_\_\_\_ No, I do not give permission for \_\_\_\_\_ to be interviewed and tested for the Gifted Program.

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Parent/Guardian Signature

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Date

**KING WILLIAM COUNTY PUBLIC SCHOOLS**  
**Gifted Education Program**  
**Acceptance Letter**

\_\_\_\_\_  
Date

Dear Mr. & Mrs. \_\_\_\_\_:

The Gifted Identification Committee has determined that your child has been found eligible for gifted services. The committee believes that \_\_\_\_\_'s educational needs will best be met by using a combination of the regular classroom curriculum and enrichment activities provided by a Gifted Resource Teacher.

Enclosed is a summary of the eligibility report presented to the Identification Committee. If you have any questions regarding any of the criteria or the Gifted Program please do not hesitate to contact me.

Sincerely,

Gifted Resource Teacher

**KING WILLIAM COUNTY PUBLIC SCHOOLS**  
**Gifted Identification Committee**  
**Eligibility Report**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grade / Teacher

\_\_\_\_\_  
Area of Nomination

\_\_\_\_\_ Initial Evaluation  
\_\_\_\_\_ Re-Evaluation  
\_\_\_\_\_ Exit Evaluation

Criteria

Results

Appropriate rating scales/checklists

Interview

Aptitude Tests

Achievement Tests

Previous Achievements

Additional Valid Measures

**KING WILLIAM COUNTY PUBLIC SCHOOLS**  
**Gifted Identification Committee**  
**Eligibility Report (*continued*)**

\_\_\_\_\_ The student was found NOT to be eligible by the Identification Committee for gifted services.

\_\_\_\_\_ The student has been identified and found eligible for gifted services in the following areas:

\_\_\_\_\_ General Intellectual Aptitude  
\_\_\_\_\_ Specific Academic Aptitude  
Area:

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Gifted Resource Teacher

\_\_\_\_\_  
Classroom Teacher

\_\_\_\_\_  
Counselor

Others in Attendance

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

*Majority of committee vote is required for placement.  
Parents have the right of appeal within thirty calendar days of the eligibility date.*