**GIFTED EDUCATION PROGRAM PROPOSAL**

Mississippi Department of Education • Office of Elementary Education & Reading

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| District |       | Phone |       |
| Gifted Contact Person(s) |       |

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| **INTELLECTUALLY GIFTED** |
| Check the categories of instruments to be used during the identification process. Complete the name of the instrument(s) and minimal score. If needed, a list can be attached. |
| Category | Name of Instrument | Score or Percentile |
| [ ]  Group intelligence test(s) |       |       |
| [ ]  Characteristics of giftedness checklist |       |       |
| [ ]  Measure of creativity |       |       |
| [ ]  Measure of leadership |       |       |
| [ ]  Achievement test(s) |       |       |
| [ ]  Individual test of intelligence |       |       |
| [ ]  Other measures |       |       |
| **ACADEMICALLY GIFTED** |
| Check the categories of instruments to be used during the identification process. Complete the name of the instrument(s) and minimal score. If needed, a list can be attached. |
| Category | Name of Instrument | Score or Percentile |
| Group achievement test(s) |       |       |
| Individual achievement test |       |       |
| Portfolio\* |       |       |
| \*A copy of the rubric that will be used to evaluate the portfolio, including the minimal acceptable score, must be submitted for approval with the program proposal. |
| **ARTISTICALLY GIFTED** |
| Check the categories of instruments to be used during the identification process. Complete the name of the instrument(s) and minimal score. If needed, a list can be attached. |
| Category | Name of Instrument | Score or Percentile |
| Measure of creativity |       |       |
| Measure of ability in visual arts |       |       |
| Portfolio\* |       |       |
| \*A copy of the rubric that will be used to evaluate the portfolio, including the minimal acceptable score, must be submitted for approval with the program proposal. |
| **CREATIVELY GIFTED** |
| Check the categories of instruments to be used during the identification process. Complete the name of the instrument(s) and minimal score. If needed, a list can be attached. |
| Category | Name of Instrument | Score or Percentile |
| Measure of creativity |       |       |
| Measure of ability in performing arts |       |       |
| Portfolio\* |       |       |
| \*A copy of the rubric that will be used to evaluate the portfolio, including the minimal acceptable score, must be submitted for approval with the program proposal. |
| **TYPES OF PROGRAM(S)** |
| Check all that apply for the district and indicate the grade level(s) in which each program will be implemented: |
| Program | Grade Level(s) |
| [ ]  Intellectually Gifted Resource\* |       \*Mandated in grades 2-6 |
| [ ]  Academic Placement\* |       \*Available in grades 9-12 only |
| [ ]  Artistically Gifted Resource |       |
| [ ]  Creatively Gifted Resource |       |
| [ ]  Dual Enrollment |       |
| [ ]  Independent Study |       |
| [ ]  Mentorship |       |

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| **APPROVAL OF PROPOSAL** |
|  |  |  |  |  |
|  | Superintendent Signature |  | Date |  |
|  |  |  |  |  |
|  | GEP Contact Person’s Signature |  | Date |  |
|  |  |  |  |  |
| **MDE USE ONLY** |
|  |  |  |  |  |
|  | Gifted Specialist’s Signature |  | Date |  |
|  |  |  |  |  |
|  | Bureau Director’s Signature |  | Date |  |