**GIFTED EDUCATION PROGRAM PROPOSAL**

Mississippi Department of Education • Office of Elementary Education & Reading

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |