

Trion City Schools
919 Allgood Street STE2
Trion, Georgia 30753

Date:

From: Sandy Bryant

919 Allgood Street
STE 2

Subject: Parent Notification of Results of Screening

Concerning:

Dear:

Your child's name was submitted for consideration as a nomination for the Trion City Schools Gifted Education Program. After collecting and reviewing the profile information, the school's Eligibility Committee has recommended no further evaluation for gifted education services. The committee believes that your child's academic needs can best be met in the regular classroom program.

Please encourage your child to continue the excellent academic achievement that contributed to the original decision to refer him or her to the committee for consideration.

This current decision does not preclude consideration for the program at a later date.

Please feel free to contact me if you need further information. The school phone number is 706-734-0711.

Sandy Bryant
Director of Student Support Services
Trion City Schools

Screening Information

Student Name:

DOB: GTID:

Student Information

Student Name:
Birth Date: **Age:**
School:
Grade:

Meeting Date:
Teacher:
School Year:

Nomination Information

Nominated By: **Title:**

Date Of Nomination:

Source of Nomination: ☐ Automatic (meets eligibility requirements)
☐ Structured Observation
☐ Individual Teacher Nomination
☐ Individual Parent Nomination
☐ Individual Self Nomination
☐ Individual Administrator Nomination
☐ Other

Determination: ☐ Student qualifies:
☐ using automatic criteria
☐ based upon achievement
☐ based upon mental ability
☐ based upon creativity
☐ based upon motivation

Rationale For Decision:

Nomination Review Minutes:
Committee Members:
Name: Title

Choose A, B, or C, below.
A. Refer for Evaluation Yes No
Rationale for Decision

B. Gather More Information Yes No
Information Needed

C. Wait and Watch Yes No
Rationale and Estimated Date for Review

Notify teacher and/or parent of decisions. Yes No

Nominating teacher is responsible for gathering additional information requested by the committee.

Trion City Schools
919 Allgood Street STE2
Trion, Georgia 30753

Date:

From: Sandy Bryant
919 Allgood Street
STE 2

To:

Subject: Parent Consent to Evaluate

Concerning:

Dear:

Your child is being considered for the gifted program. This consideration is based on the following:

- ☐ Referral by Parent
- ☐ Referral by Teacher
- ☐ Referral by Other: _____
- ☐ Automatic Referral from Test Scores
- ITBS: Total Math: _____ Total Reading: _____ Composite _____
- ☐ In-state transfer
- ☐ Out-of-state transfer

To determine your child's eligibility, the Eligibility Committee needs your consent to proceed with the formal evaluation process as established by the Georgia Department of Education. Your child will be evaluated in the following areas:

mental ability
achievement
creativity
motivation

When the evaluation has been completed, you will be notified in writing of your child's eligibility status and service recommendations if applicable. You will be given the opportunity to discuss this status and these recommendations at that time.

This process is an opportunity for the school to determine your child's special needs and serve your child appropriately. If you have any questions, please contact our office at 706-734-0711.

- ☐ Yes, I do agree for this evaluation to proceed, including the administration of any necessary tests.
- ☐ No, I do not agree for this evaluation to proceed.

Signature of Parent/Guardian & Date

Eligibility Determination

Student Name:

DOB: GTID:

Student Information

Student Name:

Birth Date:

Age:

School:

Grade:

Meeting Date:

Teacher:

School Year:

Eligibility Team Members

Eligibility Determination

Date of Determination:

Eligibility Determination:

- ☐ Student does not meet screening requirements
☐ Student may qualify - additional information needed
☐ Student qualifies:
☐ using automatic criteria
☐ based upon achievement
☐ based upon mental ability
☐ based upon creativity
☐ based upon motivation

The student qualifies based upon:

- ☐ Test score criteria and achievement criteria in one or more areas (Mental ability, achievement, creativity, motivation)
☐ Criteria in any of the three or four qualifying areas (mental ability, achievement, creativity, motivation)

Test Results

ACHIEVEMENT:

Criteria:

Date	Name of Statewide, Local, and Benchmark Assessments; GAA	Results

MENTAL ABILITY:

Criteria:

Date	Name of Statewide, Local, and Benchmark Assessments; GAA	Results

CREATIVITY:

Criteria:

Date	Name of Statewide, Local, and Benchmark Assessments; GAA	Results

MOTIVATION:

Criteria:

Date	Name of Statewide, Local, and Benchmark Assessments; GAA	Results