



## GIFTED EDUCATION PROGRAM PROPOSAL

Mississippi Department of Education • Office of Elementary Education & Reading

District Richton School District

Phone (601)7886975

Gifted Contact

Person(s)

Wendy Lee

### 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
<input checked="" type="checkbox"/> Group intelligence test(s)	NNAT2, Raven's	90 <sup>th</sup>
<input checked="" type="checkbox"/> Characteristics of giftedness checklist	SIGS	90 <sup>th</sup>
<input checked="" type="checkbox"/> Measure of creativity	SIGS	90 <sup>th</sup>
<input checked="" type="checkbox"/> Measure of leadership	SIGS	90 <sup>th</sup>
<input type="checkbox"/> Achievement test(s)		
<input checked="" type="checkbox"/> Individual test of intelligence	WJIII, Rias-2, KABC2	91 <sup>st</sup>
<input type="checkbox"/> 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.

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### 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)
<input checked="" type="checkbox"/> Intellectually Gifted Resource*	X *Mandated in grades 2-6
<input type="checkbox"/> Academic Placement*	*Available in grades 9-12 only
<input type="checkbox"/> Artistically Gifted Resource	
<input type="checkbox"/> Creatively Gifted Resource	
<input type="checkbox"/> Dual Enrollment	
<input type="checkbox"/> Independent Study	
<input type="checkbox"/> Mentorship	

### APPROVAL OF PROPOSAL

  
 Superintendent Signature

9/11/17  
 Date

  
 GEP Contact Person's Signature

9/11/17  
 Date

### MDE USE ONLY

  
 Gifted Specialist's Signature

September 28, 2017

  
 Bureau Director's Signature

Date September 28, 2017