

2019-2020 Discovery Program Teacher Rating Form: Page 1 of 3

(completed by Current Teacher)

Student's Name:	Applying for Grade (2019 - 2020):
Teacher completing this form:	School:
What grade was this student in when you were his/her teacher?	Phone:
<p>Please email complete form directly to: christina.levesque@dcsdk12.org Gifted Education Team Office 620 Wilcox Street Castle Rock, CO 80104 Fax: 303-387-0118 Due Date: November 16, 2018</p>	
Teacher's Signature:	Date:

PROGRAM DESCRIPTION

The Douglas County School District Discovery Program is designed to meet the needs of gifted elementary school students who require intensity of instruction and acceleration beyond what can reasonably be expected from the regular school gifted programming. These students have likely exhausted the gifted education resources provided by their general education setting. Please work with the Gifted Education Facilitator at your school to include any Gifted Education Identification information.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND CHOOSE or CIRCLE THE APPROPRIATE NUMBER ACCORDING TO THE FOLLOWING SCALE:

- 1 Seldom or never
- 2 Occasionally
- 3 Frequently
- 4 Almost always

<u>Learner Characteristics</u>	<u>Gifted children commonly exhibit these characteristics:</u>
1 2 3 4	Easily makes connections and sees relationships among unrelated ideas
1 2 3 4	Learns quickly with little repetition
1 2 3 4	Inquisitive, constantly asking questions
1 2 3 4	Passionate in one or more areas of interest
1 2 3 4	Possesses a large storehouse of information about a variety of topics
1 2 3 4	Exhibits advanced critical thinking / problem solving skills beyond age or grade level
1 2 3 4	Uses advanced vocabulary for age or grade level

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Please describe any differentiated programming the child is already receiving. Please be specific:

Explain why this student's needs would be best addressed in the Discovery Program? (If you think the student's needs are best addressed through his/her current programming, please elaborate with specific details.)

Please describe in more detail any learner characteristics that seem outstanding or would especially facilitate this student's progress in an all day self contained program designed for gifted learners.

Describe in detail any challenges the student might have in particular areas or difficulties that could affect progress in this program.

Is any type of plan in place (e.g. Read Act, IEP, 504, ALP, Behavior)? (Please attach a copy of plan.)

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Students applying for the Discovery Program must be performing at grade level in all content areas as a minimum requirement. Additionally, students must show demonstrated performance in multiple content areas indicating beyond grade level ability/achievement. Your professional judgment and the data you include are key in determining placement. Please complete the checklist below, making special note of the far right column. Please attach copies of all assessment results and work samples used in your determination (e.g. MAP, STAR, DRA2, iReady, CMAS, chapter test results, scientific journals, reading responses) and a writing sample prepared in your class.

Content Area	Below Grade Level	At Grade Level	Above Grade Level	Summary of evidence used in determination
Reading				
Writing				
Math				
Science				
Social Studies				

Please work with the Gifted Education Facilitator at your school to include any Gifted Education Identification information.

How well do the characteristics of this learner make her/him a good candidate for the Discovery Program? (see page 1 for program description): ***Extremely Well*** ***Well*** ***Somewhat*** ***Very Little***

Additional Information: