Frontier School Corporation
High Ability Policy

Nomination/Referral Process for High Ability Students:
Students may be nominated/referred by high ability coordinator, teacher, parent, or themselves.

Process for Identifying High Ability Students:

Identification Process for grades K – 1 for Level 2:
- Teacher Recommendation
- Assessment/Pre-testing Results
- Student Products/Interest Results

Identification Process for grades K – 1 for Levels 3 & 4:
- All students K – 1 will be screened through Kingore Observation Inventory
- Students showing high ability will then receive further assessment and consideration through the Frontier School Corporation High Ability Committee

Identification Process for grades 2 – 6 for Level 2:
- Teacher Recommendation
- Assessment/Pre-testing Results
- Student Products/Interest Results

Identification Process for grades 2 – 6 for Levels 3 & 4:
- All students 2 – 6 will be screened through the NWEA.
- Students showing high ability will then receive further assessment with the high ability coordinator through TOMAGS, SAGES-2, GATES, and/or checklists

Identification Process for grades 7 - 12 for Level 2:
- Teacher Recommendation
- Assessment/Pre-testing Results
- Student Interest Results
- STAR as appropriate.
- Teacher Recommendation

Identification Process for grades 7 – 12 for Levels 3 & 4:
Students will be placed in advanced and/or courses according to previous course work and performance, as well as teacher recommendation.

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Process for Determining High Ability Services:
After the identification process, testing results for the student will be discussed with the teacher. Appropriate services will then be discussed to determine programming according to the student's grade level, subject area, and high ability level. The Levels of Service format will be utilized.

Assessment Procedures for Advanced Placement:
Beginning in 6th grade, students may be placed in advanced math courses and/or take Spanish courses as 7th graders to receive high school credit.

Exiting Procedures:
Students, parents, and teachers may initiate exiting procedures when high ability programming no longer is appropriate.

Appeals Procedures:
Students, parents, and teachers may initiate an appeal when there is a disagreement with decisions pertaining to high ability programming for an individual student. A behavioral checklist may be filled out. The appeals committee will convene with the parent and student to discuss reasons behind decisions made for the student and/or concerns with decisions for the student.

Service Options Available:
Grades K – 6:
Differentiated Instruction
Enrichment/Challenge Activities
Independent Studies
Accelerated Curriculum
Early Entrance
Grade Advancement

Grades 7 – 12:
Advanced/Honors/AP Courses
Accelerated Curriculum
Independent Studies
Dual Enrollment
Internships
Early Graduation
Early Entrance
Grade Skipping
Subject Advancement
Credit by Examination

Frontier School Corporation
High Ability Nomination Form

To be completed by nominator (parent/guardian/teacher/other):

Date of Nomination: _____

Student: _____

Grade: _____ Teacher: _____

Date of Birth: _____ Gender: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail: _____

Address: _____

Nominated By: _____ Relationship to Student:_____

Please state your reasons for nomination:

What are some behaviors observed that lead you to believe that the student should be receiving additional enriched/advanced/accelerated programming?

_____

_____

_____

_____

What are the student's interests outside of school?

_____

_____

_____

_____

What are the student's interests in school?

_____

_____

_____

_____

What other enriched/advanced/accelerated programming, awards/honors, clubs, group participation, or other interventions has this student received:

_____

_____

_____

_____

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Frontier School Corporation
High Ability Meeting Notes

Student: _____
Grade: _____ Teacher: _____
Date: _____

Testing Information: (Minimum of Three Measures)

Name of Test	Date Given	Results

Additional Notes/Comments:

_____
_____
_____
_____
_____
_____

Programming Suggestions:

_____
_____
_____
_____
_____
_____

Parent Signature _____
Principal Signature _____

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Frontier School Corporation
High Ability Transfer/New Student Form

If the student has participated in a High Ability Program in another district or state, and all the data is current, the Frontier School Corporation High Ability Committee may review this information for placement. Outdated testing will be re-administered. The Frontier School Corporation High Ability Committee will review the data upon completion for consideration in High Ability Programming.

Student: _____
Grade: _____
Date of Birth: _____ Gender: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ e-mail: _____
Address: _____
Previous School: _____
Previous School Address: _____
Previous School Phone: _____
Previous School FAX: _____

Math Program & current level being used:
_____
Math Teacher & e-mail: _____

Language Arts Program & current level being used:
_____
Language Arts Teacher & e-mail: _____

Other High Ability Programs and Contacts:
_____
_____
_____
_____
_____
_____

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Frontier School Corporation
High Ability Appeal Process

An appeal may be requested for reconsideration for high ability programming to the Frontier School Corporation High Ability Committee by submitting a request for review. The request should list reasons for the appeal and reasons that the student should be included in high ability programming. The Frontier School Corporation High Ability Committee will review the request and the student's current criteria and make a final determination.

The Frontier School Corporation High Ability Committee consists of:

High Ability Coordinators
Administrator
Counselor
Grade Level Team Member

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Frontier School Corporation
High Ability Appeals Form

To be completed by appealer (parent/guardian/teacher/other):

Date of Appeal: _____

Student: _____

Grade: _____ Teacher: _____

Date of Birth: _____ Gender: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail: _____

Address: _____

Appealed By: _____ Relationship to Student:_____

Reason for requesting reconsideration (please provide the committee with any new information about the student that should be considered; attach any additional forms if needed):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Appealer's Signature: _____Date:_____

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Frontier School Corporation
High Ability Exiting Process

Student performance shall be monitored. A student shall be removed from High Ability Programming at any time that the Frontier School Corporation High Ability Committee determines it is in the student's best interest. Parents of a student receiving high ability programming wishing to withdraw/exit their student from the program due to personal or academic reasons may notify the committee in writing at any time. If a student or parent requests removal from the program, the committee shall meet with the parent and student before honoring the request.

Exiting of students from high ability programming services shall be based on multiple criteria including student performance in the programming. The purpose of the exit procedure is to address the needs of any student that may have been inappropriately matched for programming and therefore inappropriately served with high ability programming. Thus, when a student has consistently shown difficulty with the programming, the teacher, parent, student, or committee member may request a conference. Discussion for removal may take into consideration adequate time with programming option, student motivation, programming level and interest match, performance products, behavioral performance, improvement, and current circumstances. Exiting of a student is finalized by committee decision after consultation with parents and student regarding the most appropriate educational placement. Students exited from high ability programming may be reconsidered as status changes.

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Frontier School Corporation
High Ability Exiting Form
To be completed by exiting committee (parent/guardian/teacher/other):

Date of Meeting: _____
Student: _____
Grade: _____ Teacher: _____
Date of Birth: _____ Gender: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ e-mail: _____
Address: _____
Exit Requested By: _____Relationship to Student:_____

Reason for requesting exit/withdrawal/removal from high ability programming. (Please provide the committee with any information about the student that should be considered; attach any additional forms if needed):

_____
_____
_____
_____
_____
_____
_____

Meeting Notes:

_____
_____
_____
_____
_____
_____
_____

Decision of Committee:

_____
_____
_____

Committee Members' Signatures: Date: _____

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Frontier School Corporation
High Ability Early Entrance Process

Early entrance into kindergarten may be requested for consideration for high ability programming to the Frontier School Corporation High Ability Committee by submitting a written request for review. The request should list reasons that the student should be considered for early entrance and included in high ability programming. The Frontier School Corporation High Ability Committee will review the request and the student's current criteria and make a final determination.

The Frontier School Corporation High Ability Committee consists of:

High Ability Coordinators
Administrator
Counselor
Grade Level Team Member

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Frontier School Corporation
High Ability Testing Permission

In order to provide the most appropriate high ability programming, students require a variety of assessments in order to measure their current level of performance, ability level, and educational needs. Please provide the following information and sign parental consent for high ability assessments to be administered.

Date: _____
Student: _____
Grade: _____ Teacher: _____
Date of Birth: _____ Gender: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ e-mail: _____
Address: _____
Signature: _____Relationship to Student:_____

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Frontier School Corporation
High Ability Characteristics Checklist

Date: _____ Student: _____
Grade: _____ Teacher: _____
Date of Birth: _____ Gender: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ e-mail: _____
Address: _____
Evaluator: _____ Relationship to Student: _____

(Please check **all** characteristics that the student **regularly** demonstrates when compared with other students of the same age.)

Cognitive Ability

___ Capable of reasoning like someone 2 – 4 years older
___ Uses advanced vocabulary
___ Enjoys problem solving and other intellectual activities
___ Understands and learns quickly
___ Seeks mental stimulation
___ Highly sensitive to human issues, beauty, and nature
___ Has a more sophisticated sense of humor
___ Asks questions, seeks meaning
___ Enjoys interacting with intellectual peers/adults/older students
___ May have less effective interpersonal skills
___ Intense, high energy level
___ Multiple interests and talents
___ Tends to be a perfectionist
___ Has an exceptional memory
___ Understands both concrete and abstract ideas
___ Generalizes skillfully

Creative Ability

___ Has a large number and variety of ideas and questions
___ Has unique, original ideas
___ Enjoys solving problems in areas of interest
___ Tolerant of ambiguity
___ Likes open-ended assignments
___ Non-conforming in thinking, manner, or dress
___ Risk-taker in thinking and problem solving
___ Willing to be different
___ Unique sense of humor
___ Enjoys creating stories or plays
___ Draws cartoons and/or creates characters
___ Adds interesting ideas or details
___ Sees things in many different ways
___ Transforms or combines ideas

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Frontier School Corporation
High Ability Characteristics Checklist Continued

Math Ability

___ Thinks logically, mathematically, "scientifically"
___ Enjoys abstract problems and topics
___ Has a strong number sense
___ Quickly sees patterns
___ Enjoys puzzles and logic games
___ Solves problems intuitively, but may not be able to explain how
___ Enjoys data, statistics
___ Persistent in learning about math topics
___ Pursues math activities in free time

Language Arts Ability

___ Reads widely/avidly/fluently, in and out of class
___ Uses advanced vocabulary
___ Interested in words and word relationships
___ Exhibits understanding of language structure
___ Plays with language
___ Recognizes and appreciates quality literature
___ Writes descriptively; communicates a story
___ Applies literary devices to writing
___ Understands and processes key ideas
___ Writes with voice, in variety of forms
___ Enjoys writing for creative outlet

Task Commitment

___ Sets own goals, standards, and plans
___ Assumes responsibility
___ Eagerly attempts new challenges
___ Completes projects
___ Does not give up easily
___ Is observant
___ Is independent and self-sufficient
___ Is persistent, sticks to a task
___ Motivation

Other Activities/Interests/Clubs/Organizations

___ Destination Imagination
___ Summer Programs: _____
___ Community Activism/Volunteer Work: _____
___ Competitions: _____
___ Science/Social Studies/Art/Music/Drama/Dance: _____
_____

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Frontier School Corporation
High Ability Behavioral Checklist

Date: _____ Student: _____ Teacher: _____

Grade: _____ Evaluator: _____ Relationship_____

(Please check **all** characteristics that the student **regularly** demonstrates when compared with other students of the same age.)

Development

___ Self motivated/self starter
___ Engaged in school/class
___ Displays sense of humor
___ Has creative outlet(s)
___ Asks for assistance
___ Shows integrity
___ Stands up to peer pressure
___ Responsible for self
___ Thinks before acting
___ Sound decision-making skills
___ Empathetic or sensitive
___ Respects cultural differences
___ Resolves conflicts peacefully
___ Is excluded by peers/few friends
___ Tolerates change
___ High self esteem
___ Positive view of future
___ Completes homework on time
___ Reads for pleasure
___ Honest
___ Recognizes own feelings
___ Tries hard/works persistently
___ Is liked by peers

Family/Home

___ Mentions family problems
___ Recent loss or change in family
___ Sibling problems
___ Moving in with relatives
___ Financial concerns in family
___ Avoids specific relative
___ Changes in transportation
___ Lack supervision

Current Status

___ Current grade(s)
_____
_____
_____
_____
_____
_____
___ Number of absences in class
___ Number of discipline issues
___ Number of times referred to office

Behaviors

___ Inattentive
___ Easily distracted
___ Forgetful
___ Disorganized
___ Defiance of rules
___ Irresponsible
___ Blaming
___ Fighting/argumentative
___ Secretive behavior
___ Cheating
___ Dramatic attention getting
___ Generally cooperative
___ Verbal abuse
___ Obscene language/gestures
___ Crying inappropriately
___ Physically aggressive
___ Bullying others
___ Impulsive
___ Stealing
___ Vandalism
___ Rigid obedience
___ Extremely negative
___ Anxious or nervous
___ Agitated/fidgety
___ Excessive demands on teacher
___ Daydreams regularly
___ Unresponsive to interaction
___ Easily led by others
___ Sudden change in peers
___ Refuses to comply w/requests
___ Isolated/withdrawn
___ Apathetic
___ Outgoing
___ Expression not matching feelings
___ Excessive sadness
___ Self destructive thoughts/actions
___ Dishonesty
___ Excessive mood swings
___ Hostile themes in work
___ Expresses fear for self/others
___ Less/More mature than peers
___ Expresses low self esteem
___ Erratic behavior changes
___ Violates other's boundaries
___ Talks about drugs
___ Talks about alcohol
___ Talks about sex inappropriately
___ Wears inappropriate clothing

Academics

___ Low grades
___ Drop in grades
___ Academic failure
___ Inconsistent daily work
___ Does not follow directions
___ Lack of motivation
___ Change in student relationship w/teacher
___ Change in participation
___ Overly sensitive to criticism
___ Perfectionistic
___ Easily frustrated/gives up
___ Homework incomplete
___ Does not bring materials to class
___ Extreme dissatisfaction with school

Attendance

___ Excessive absenteeism
___ Patterns of absences
___ Frequent tardiness
___ In jeopardy of losing credit
___ Frequent visits to restroom
___ Frequent visits to nurse
___ Frequent visits to counselor

Extracurricular Activities

___ Loss of interest
___ Increased non involvement
___ Loss of eligibility
___ Dropped out of activity
___ Over extended in activities
___ Unable to meet deadlines
___ Is a team player
___ Asset to the organization

Physical Concerns

___ Runny nose/chronic cough
___ Red or glassy eyes
___ Frequently fatigued
___ Sleeping in class
___ Impaired coordination
___ Difficulty with vision/hearing
___ Poor hygiene
___ Rapid increase/drop in weight
___ Frequent physical complaints/illnesses
___ Burn marks/bruises/cuts
___ Slurred speech
___ Smells of tobacco/alcohol/marijuana

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Frontier School Corporation
High Ability Interest Survey

Date: _____ Student: _____
Grade: _____ Teacher: _____

Please answer these questions to the best of your ability. Have fun and be honest.
You may skip answers you find to be uncomfortable.

1. Three words that describe me are _____.

2. Things I like to do when I am not at school are _____.

3. The subject(s) I do best at in school is _____.

4. I would like to learn more about _____.

5. Someday, I would like to _____.

6. Learning is fun when _____.

7. If I could do anything I wanted at school, it would be _____.

8. I wonder a lot about _____.

9. I like people who _____.

10. Sometimes, I worry about _____.

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Frontier School Corporation
High Ability Interest Survey Continued

11. I learn best when _____.

12. One thing that really bothers me is _____.

13. Something that really challenges me is _____.

14. I know that I am _____.

15. I thing that I would like to change about myself is _____
    because _____.

16. I like to be with people who _____
    because _____.

17. I would like to become better at _____.

18. My two best qualities are _____.

19. I admire _____ because _____.

20. I think that the smartest person in the world is _____
    because _____.