The Self-Review process of the Gifted/Talented program will begin at this time as a positive means of continuing to improve G/T services to students identified as gifted and talented across the state and provide equitable and efficient services to all of our identified students. Following are forms for your use in developing goals to improve your district’s performance for G/T students in child search efforts, disproportionality, service provisions or in the academic performance of your gifted/talented students. Three to four (3-4) goals should be developed addressing improvement your program ***will need to be kept on file in the district Special Education Office*** and be presented during an on-site monitoring by the state.

The Self-Review requires your district to develop three to four (3-4) goals to address the improvement of your gifted and talented programming. Goals should be carefully developed after assessing the areas that are in need of improvement. All districts are asked to develop one (1) academic goal and create two (2) additional goals that address Child Search, Disproportionality, or Service Provisions. These goals should be attainable prior to the start of the next school year.

**Recommended Review Timeline**

|  |  |
| --- | --- |
| By March 7, 2014 | Districts will complete the self-review process and develop goals for the 2013-14 school year. |
| March 10, 2014 –  December 311, 2014 | Districts will work towards achieving their goals. It is very important that official evidence/documentation of the goals be collected and kept on file. |
| January 1, 2015 | Documentation and evidence of goal completion should be kept on file by the district. |

**Signatures of Completion**

Special Education Supervisor / Director (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gifted / Talented Coordinator or Contact Person (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

Charter School Principal (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gifted / Talented Coordinator or Contact Person (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommended Self- Review Guidance**

1. **Academic Performance**
2. An analysis of the scores of the gifted and talented being served on statewide assessment (IOWA, *i-*Leap, LEAP, EOC ACT) for grades 3-11 reflects growth or improvement at these grade levels:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. An analysis of the scores of the gifted and talented being served on statewide assessment (IOWA, *i-*Leap, LEAP, EOC ACT) for grades 3-11 reflects regression or decline at these grade levels:

­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. An analysis of the scores of the gifted and talented being served on statewide assessment (IOWA*, i-*Leap, LEAP, EOC ACT) for grades 3-11 reflects no change at these grade levels:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Child Search**
2. A brochure for gifted and talented programming available in your district is on file.
3. Indicate if the gifted population increased, decreased, or remained unchanged.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many students in the previous year were referred for a full evaluation? \_\_\_\_
2. What was the gifted referral success rate? \_\_\_\_\_\_\_\_%
3. Indicate which talent areas evaluations were conducted over the last year:

\_\_\_\_\_\_ visual arts \_\_\_\_\_ music \_\_\_\_\_theatre

1. **Disproportionality**
2. Is your gifted / talented population proportionate with your district population?

\_\_\_\_\_\_ yes \_\_\_\_\_no

1. What is your risk ratio for the gifted and talented population of your district? \_\_\_\_
2. **Program Services**
3. Check the types of services offered for these grade levels.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grade Level** | **Inclusion** | **Resource** | **Resource Center** | **Self-Contained** | **Blended Classes** |
| Pre-K - K |  |  |  |  |  |
| 1 – 3 |  |  |  |  |  |
| 4 – 6 |  |  |  |  |  |
| 7 – 8 |  |  |  |  |  |
| 9 – 12 |  |  |  |  |  |

1. Check the academic programming offered in your district.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grade Level** | **Enrichment**  **Only** | **Enrichment** | **G/T Academic Coursework** | **Advanced**  **Placement** | **Carnegie Units** |
| Pre-K - K |  |  |  |  |  |
| 1 – 3 |  |  |  |  |  |
| 4 – 6 |  |  |  |  |  |
| 7 – 8 |  |  |  |  |  |
| 9 – 12 |  |  |  |  |  |

**Goals**

Using the information from page 1, develop three goals for gifted and talented programming in your district.

**1. Academic Goal for Improvement:**

Evidence to be presented for Improvement and Compliance

**2. Goal for Improvement**

Evidence to be presented for Improvement and Compliance

**3. Goal for Improvement**

Evidence to be presented for Improvement and Compliance

**4. Goal for Improvement**

Evidence to be presented for Improvement and Compliance