

**APPENDIX D: INDIVIDUAL PROGRAMMING OPTION FORM**

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

- Student **did not meet** criteria for admission to the Gifted and Talented Education Program.
- Student **did meet** criteria for admission to the Gifted and Talented Education Program.

**CRITERIA FOR ELIGIBILITY:**

OPTION 1:	Name of Test	Test Score
<input type="checkbox"/> Intellectual Ability (top 3 percentile)		
<b>OPTION 2:</b>		
<input type="checkbox"/> Creative Ability	<input type="checkbox"/> Leadership Ability	<input type="checkbox"/> Identification Matrix
<input type="checkbox"/> Specific Academic Ability	<input type="checkbox"/> Artistic Ability (Visual & Performing Arts)	

**PROGRAMMING OPTIONS PLANNED FOR STUDENT:**

**ADDITIONAL COMMENTS:**

**PARENT/GUARDIAN**

I have been advised of and understand the screening procedures which have determined that my child is eligible for differentiated programming for high performance. As a result, my decision is:

- My child shall participate in the GATE program.
- My child shall not participate in the GATE program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date