

EAST LYCOMING SCHOOL  
DISTRICT  
Gifted Education Program

Handbook for Parents and Students

Ashkar, Ferrell, & Renn Elementary Schools  
Hughesville Jr./Sr. High School

[www.eastlycoming.net](http://www.eastlycoming.net)

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**Gifted Education Directory**

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# **East Lycoming School District**

## **Gifted Education**

### **MISSION STATEMENT**

Gifted students present a variety of abilities and needs, which require programming that is responsive to those individual characteristics. Some students have particular strengths in the arts, mathematics and science while others have strong verbal skills. Many gifted students are challenged by academic courses with increased intellectual rigor, cross disciplines, content areas or that encourage creative thinking and problem solving. This specially designed instruction will focus on strengthening each student's academic, emotional, functional and social needs. The East Lycoming School District is committed to providing appropriate educational opportunities for gifted and talented students.

## **Education for the Intellectually Gifted**

The East Lycoming School District district has developed a variety of options to meet the educational needs of intellectually gifted students. The Pennsylvania State Standards and Chapter 16 (Volume 22 of PA code) Regulations have provided the legal framework to ensure that gifted students are challenged in school.

### **Procedure for Screening**

The Supervisor of Special Education, along with the Gifted Teacher will be presenting and distributing gifted referral materials to teachers annually. Our screening includes parent and teacher observations and age appropriate standardized testing. A special intense academic interest may also indicate the student is a good candidate for evaluation for gifted support. After reviewing the parent and teacher input information, it will be determined whether or not the student needs further evaluation for gifted services.

Parents may refer their child for evaluation at any time as defined by the Chapter 16 Regulations.

## **Evaluation Process**

We must have parent consent before we can begin a formal evaluation. The school district will form a gifted multidisciplinary team (GMDT) to conduct the evaluation. Evaluation consists of multiple criteria that include but are not limited to:

- intelligence test administered by the School Psychologist
- teacher referral
- pre-screening data
- parent information
- classroom observations
- achievement test scores
- high level thinking skills
- academic creativity
- demonstrated achievement, performance, or expertise

Once the evaluation has been completed, the team will generate a report that includes data, findings, and recommendations about the student. As parent(s), you are a member of the team. When a meeting is held, you will be invited to provide information that will be considered by the team as part of the evaluation process with respect to identification and evaluation of your child.

The GMDT will prepare recommendations regarding your child's educational program, and make a determination as to whether your child is eligible for special education. This information will be outlined in a Gifted Written Report (GWR) and will be given to the Gifted Individualized Education Program (GIEP) team. If it is determined that your child is gifted, a GIEP will be developed.

## **The Purpose of Gifted Education**

This program booklet is designed to serve as an explanation and procedural manual for parents and students to follow when investigating and pursuing enrichment activities.

The purpose of gifted education is to develop and promote creative and critical thinking ability, in-depth research skills, problem solving skills and self-evaluation. It is also designed to:

- Provide specially designed instruction in the instructional setting: to place learning responsibility on the student, use a variety of teaching techniques, encourage group problem solving and inquiry activities, and provide for independent learning
- Make enrichment options available
- Provide opportunities for accelerated work
- Provide interdisciplinary learning experiences
- Incorporate philosophical reasoning into several content areas
- Promote writing across the curriculum
- Encourage independent learning
- Incorporate authentic assessment of student performance, such as writing portfolios, problem solving, project evaluations, written and oral examinations

## **Gifted Education Options**

Students identified by Chapter 16 guidelines as meeting gifted criteria, may elect to participate in any one of a number of options. Educational options should be appropriate for the student and should assist in meeting personal growth, as well as career planning goals. Options may vary on an annual basis and may be modified to meet the student's individual needs. Proper Gifted Individualized Education Plan preparation will be developed when appropriate to encourage the involvement of parents, students, and school personnel. Students must secure ample advice, guidance and direction from their parents, as well as school personnel. Some options that have met students' individual needs include:

### **Mentorship Program**

The Mentorship Program includes career exploration, job shadowing and in some cases internships. Students who work with the Gifted Education Teacher and/or the Career Counselor will be guided through the steps of The Career Pathways Program on an individual basis.

The mentorship program curriculum will include specific goals or objectives to meet the individual student interest. The form of a project (if selected) should suit the student's needs, interests and talents. Projects will not be limited to the school day and will not be graded.

Students interested in participating in the mentorship program must have parent permission and complete an application. After a conference with the Gifted Teacher and/or Career Counselor, the student will develop a plan including personal goals, career plans and specific short-term objectives and time lines. A meeting with the mentor is scheduled at which time a proposal is established as well as a schedule of activities. The proposal should include goals, communicated in measurable terms, and a system of documentation. In addition, the student should plan to spend several hours engaged in mentorship activities outside of the school day.

The proposal must be submitted to the Principal and Supervisor of Special Education for review and approval. Students are responsible to prepare and submit a work log or journal to the Gifted Teacher that includes hours of participation. At the conclusion of the mentorship, the student will participate in an evaluation meeting with the Gifted Teacher, the Career Counselor and an administrator.

### **Independent/Collaborative Research Projects**

With approval from the School Principal, Gifted Teacher and the Classroom Teacher, some students may elect to do independent or collaborative research projects. The projects are designed collaboratively by the Gifted Education Teacher and the student to meet the student's needs and interests, and to meet requirements of the curriculum. The primary purpose of independent study is to extend and provide a greater variety of learning experiences within the student's educational program. Requests for independent study shall include the objectives established for the project in conjunction with the curriculum, the description of the method of

study and research to be undertaken, the staff members to be used as resources, and the manner in which the project will be evaluated. Only those students who have demonstrated academic proficiency, maturity of judgment, a strong motivation to learn and self-reliance shall be considered for independent study. This will be a non-graded assignment.

### **Course Acceleration by Assessment**

A student may be exempted from a planned course by successfully completing an assessment of the student outcomes of the course. In order to qualify for exemption, a student must have maintained an average of 95% or above in prior courses in the academic discipline. To be exempted from the course, a student must score proficient on the Keystone Assessment or an equivalent score on a standardized assessment normed at the next higher grade level.

Any courses completed prior to 9<sup>th</sup> grade year will not be calculated into the student's GPA or class rank, but could be notated on the student transcript.

### **Dual Enrollment**

Some outstanding students may, at some point in their high school career, complete the course of study offered in a particular core subject area. The Administration has agreed to allow certain students who have completed the required high school offerings in core subject areas to take college classes. Students who wish to earn college credit will be financially responsible for all costs associated with dual enrollment courses.

The procedure for students applying for the opportunity to enroll in college classes is as follows:

- Requests for consideration must be submitted in writing to the High School Principal prior to the course selection process for each semester.
- The student and his/her parents must attend a conference with the Principal, Guidance Counselor, Career Counselor and the Gifted Teacher prior to any program approval. The purpose of the conference will be to investigate the student's credit requirements and the implications of attending class off campus or via distance learning.
- Formal district approval shall be granted in writing by the Principal.
- During the time of the course, if a student exhibits any individualized needs that are not being met, the Gifted Education Teacher will be available for consultation. The Gifted Education Teacher will provide educational strategies (organizational and study skills) in order to enable the student to complete the course.
- Pertinent student records will be directed to the Admissions Office at the participating institution for final approval.

After completion of the class, student grades will be sent to Hughesville Jr. / Sr. High School for placement in the student's permanent transcript. The courses will not affect the GPA or class rank.

# East Lycoming School District Gifted Education Options Request Form

Student: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Title: \_\_\_\_\_

Provider: \_\_\_\_\_ Dates: \_\_\_\_\_

Please circle the activity you plan to pursue:

*Independent Study*      *Mentorship/Internship*      *Course Exemption by Assessment*  
*Dual Enrollment*      *Other:* \_\_\_\_\_

**Guidelines:** The principal must approve all requests for alternative courses. By requesting participation in this activity, the student agrees to all conditions set forth by the instructor. In addition:

1. Students must be current with all required credits towards graduation to date.
2. Students must schedule all required courses for the school year.
3. Students must provide own transportation.
4. If applicable, a course syllabus or description must be attached to this request form.

**On a separate sheet, please write an essay about how the activity requested will enhance your chosen course of study or career plans.**

**Approvals:**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approvals from school personnel will be given after review of application.**

**Gifted Education**

**Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**East Lycoming School District  
Independent Research Project Request Form**

Student: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Project Title: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date(s): \_\_\_\_\_

The Independent Research Proposal must contain the following information:

1. A description of the project's objectives.
2. What methods will be used to achieve the stated objectives?
3. The number of hours per week the student will participate in independent activities.
4. The criteria used to assess the quality of the learning experience?

*Attach a course description/proposal to this request form.*

**APPROVALS**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Guidance  
Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_



6. Other than those things listed under the Evaluation Guidelines, do you have any “special” areas of consideration you would like included in your final evaluation? (i.e. In completing this project, do you intend to acquire a special skill, knowledge, behavior, not directly part of the project, but that you would like to call to the evaluator’s attention?)
  
7. Have you any previous educational or personal experiences related to your mentorship project? If so, please summarize.
  
8. Have you read the guidelines, fully understand them and the requirements of your project and completed the request from the best of your abilities, please indicate by signing below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9. To The Parents:  
If you also have read and understood the guidelines and requirements of the proposed project and give your approval for initiation, please indicate by signing below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EAST LYCOMING SCHOOL DISTRICT  
MENTORSHIP PROGRAM**

**STUDENT-MENTOR CONTRACT**

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

MENTOR: \_\_\_\_\_

TOPIC: \_\_\_\_\_

**CONTRACT GUIDELINES:**

- We expect to accomplish the goals set out in the study outline.
- We will meet promptly at the designated time and call each other by telephone when we are unable to keep an appointment.
- We will be prepared for each meeting by gathering materials, completing assignments, etc., so that our time together will be productive.
- This contract can be dissolved by mutual consent and with the approval of the Gifted Teacher.

My study will begin on: \_\_\_\_\_ Date: \_\_\_\_\_

My goal is to finish by: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**EAST LYCOMING SCHOOL DISTRICT MENTORSHIP PROGRAM**  
**STUDENT FEEDBACK BY GIFTED TEACHER**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Dates of Mentorship: \_\_\_\_\_

Mentor: \_\_\_\_\_

Topic: \_\_\_\_\_

The student has been rated in each of the following areas using the scale below:

- 4 - Superior
- 3 - Above Average
- 2 - Average
- 1 - Below Average

1. \_\_\_ Cooperativeness
  
2. \_\_\_ Attitude
  
3. \_\_\_ Productive
  
4. \_\_\_ Self motivated
  
5. \_\_\_ Acquired knowledge

Number of hours of participation: \_\_\_\_\_

COMMENTS:

Gifted Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EAST LYCOMING SCHOOL DISTRICT

## STUDENT FEEDBACK OF MENTORSHIP PROGRAM

Student Name: \_\_\_\_\_

Topic or Project: \_\_\_\_\_

Please rate yourself in each of the following areas using the scale below:

4 - Superior

3 - Above Average

2 - Average

1 - Below Average

1. \_\_\_\_ Promptness

2. \_\_\_\_ Attendance

3. \_\_\_\_ Cooperativeness

4. \_\_\_\_ Attitude

5. \_\_\_\_ Ability to perform assigned tasks

6. \_\_\_\_ Ability to use equipment/materials

7. \_\_\_\_ Initiative

8. \_\_\_\_ Acquisition of information from observation, special instruction, etc.

9. \_\_\_\_ Knowledge and understanding of the field/profession

Complete the following questions:

1. What was unique about your mentorship?



# EAST LYCOMING SCHOOL DISTRICT

## PARENT FEEDBACK OF MENTORSHIP PROGRAM

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Topic or Project: \_\_\_\_\_

Please rate your son/daughter in each of the following areas using the scale below:

4 - Superior

3 - Above Average

2 - Average

1 - Below Average

1. \_\_\_\_ Promptness

2. \_\_\_\_ Attendance

3. \_\_\_\_ Cooperativeness

4. \_\_\_\_ Attitude

5. \_\_\_\_ Ability to perform assigned tasks

6. \_\_\_\_ Ability to use equipment/materials

7. \_\_\_\_ Initiative

8. \_\_\_\_ Acquisition of information from observation, special instruction, etc.

9. \_\_\_\_ Knowledge and understanding of the field/profession

Complete the following questions:

1. What was unique about his/her mentorship?

2. Did he/she learn what he/she needed to know for his/her study?

3. What other interests did he/she develop as a result of this study?

4. What did you learn about your child from this experience?

5. Do you have any additional comments you would like included in the evaluation?

Parent Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_