



**Comal ISD Gifted and Talented Education Program
Referral Form**

To give permission for your child to be considered for the Comal ISD Gifted and Talented Education Program, please complete this Referral Form and a separate Inventory of Student Traits. Return these completed documents to your child's school.

Child's Name _____ ID # _____

Child's DOB _____/_____/_____ Current Grade Level _____

School _____ Teacher _____

Parent's Name _____

Mailing Address _____

City, State, Zip _____

Home phone: (_____) _____ Work phone: (_____) _____

E-mail _____

Referral, screening, parent notification, and the beginning of GT services upon qualification occur within the following timeframe:

Grade	Referral	Screening	Parent Notification	Services Begin
New 1 st – 11 th	August	August – September	September	September
Kindergarten	Due by December 12 th	December – February	End of February	March 1st
1 st – 11 th	Due by January 30th	January – April	May 1 st	Fall 2012

I would like my child, named above, to be considered for the Comal ISD Gifted and Talented Education Program. I give my permission for my child to be interviewed and tested to complete the process.

Parent Signature _____ Date _____

For GT Facilitator use only.

Date received: _____

Gifted and Talented Education Program Notification of Appeal Process

In accordance with the *Texas State Plan for the Education of Gifted/Talented Students* and *CISD Board Policy*, parents have the right to appeal district decisions regarding program placement. Should you decide to appeal the GT Committee's decision not to place your child in the CISD Gifted and Talented Education Program, please comply with the following steps:

- 1. Contact the GT Facilitator on your child's campus to discuss the tests that were administered and the scores your child earned in each of the areas tested.**

Sometimes this information provides parents with insights into testing processes and outcomes that are sufficient to explain a non-qualification. After you have met with/discussed with the GT Facilitator, if the information provided is not sufficient, proceed with Steps 2 through 4.

- 2. Contact the CISD Advanced Academics Coordinator, stating that you want to appeal the GT Placement Committee's decision.**

The CISD Advanced Academics Coordinator is Terilyn Moore. Her contact information is as follows:

Telephone: 830-221-2044

Email: terilyn.moore@comalisd.org

- **A formal appeal must be made in writing.**
 - A written statement requesting an appeal must be received within **30 days** of the date appearing on the Letter of Non-Qualification.
 - All documentation in support of the appeal must be received within **30 days** of the date appearing on the Letter of Non-Qualification. (See #3 below.)
3. Since appeals are not automatically granted, provide the Advanced Academics Coordinator with the evidence you have to support your appeal.

This evidence should be—but is not limited to—standardized test scores provided by an outside source; or a portfolio of your student's work, along with an explanation of how that work reflects gifted/talented traits.
 4. Please include your day-time phone number, your mailing address, campus, and child's grade level with your appeal.

After reviewing the evidence in support of an appeal, the GT Placement Committee will determine whether additional testing is warranted or whether the initial decision will stand.