

## APPLICATION INSTRUCTIONS FOR GIFTED SERVICES

The Bellevue School District's Gifted Programs are designed to meet the advanced academic and social/emotional needs of students with exceptional abilities. Students in grades K-1 receive services in their home schools through enhanced or extended learning opportunities. For grades 2 – 12, services are provided through self-contained programs housed at Medina, Cherry Crest, Somerset and Spiritridge elementary schools, Odle and Tyee middle schools and Interlake High School. **There are no centered programs outside of these designated schools.** However, students in grades 2-12 wishing to remain at their home school may receive differentiated instruction for highly capable students in their general education classroom.

### TO APPLY FOR GIFTED SERVICES:

You may apply for placement in our gifted program if your child was enrolled in a full-time, self-contained gifted program in another school district. Your child must have been in that program **immediately preceding** your move to the Bellevue School District. We evaluate all students admitted into the program using the CogAT, STAR, IOWA and multiple data points. If your child was in a full-time program **but did not take the full CogAT**, do not submit an application for gifted services. *Your child will need to test with us in our next testing cycle before they can be placed.*

1. Please type your information into the fillable PDF AND then print and sign it. WA State law (**WAC 392-170-047**) requires that we **have an original signature on file in order to test your child.** Return the original forms and supporting academic information in person to the Bellevue School District main buildings (ESC WEST) at 12011 NE 1<sup>st</sup> Street – Suite 202, Bellevue, WA 98005 or via US Mail addressed to the Gifted Programs Office at **Bellevue School District, PO Box 90010, Bellevue, WA 98009-9010.**
2. In accordance with Washington State Law, WAC 392-170-045, Bellevue School District determines need for gifted services based upon the review of multiple data points. To aid in this review please also submit recent academic assessments (within 1 year). For Example: report cards, school, district or state assessments such as the STAR reading and math, MSP, MAP, SSAT, SAT, ISEE, etc. or previously administered cognitive assessments by an independent practitioner or other school district such as the WISC, Stanford-Binet, Kaufman Assessment, etc. Please do not contact independent practitioners and schedule any testing. Only provide this information if your child has been provided an assessment previously.
3. Your child must have a student ID in order to apply for services. **Therefore, your move into the BSD service area needs to be completed and your child registered at school prior to our review of your application.**
4. Please submit the following:
  - a. Documentation of your child's acceptance (including test scores) into the prior district's gifted program.
  - b. Most recent report card.
  - c. Most recent assessment scores done by the prior school district. These might include:
    - i. Achievement – IOWA (ITBS) assessment, CAT (California Achievement Test), SAT (Stanford Achievement Test), TerraNova, MAP (Measures of Academic Progress), ISEE (Independent School Entrance Exam, Woodcock-Johnson, etc.



**APPLICATION FORM FOR GIFTED SERVICES**  
**FOR STUDENTS WHO TESTED OUT OF DISTRICT AND ARE APPLYING TO BSD**  
**PLEASE ATTACH THE TEST RESULTS TO THIS APPLICATION**  
*A student must have taken the Cognitive Abilities Test 7 (CogAT 7) and STAR or IOWA Assessments within the past 12 months.*

Phone 425-456-4136 [www.bsd405.org/gifted](http://www.bsd405.org/gifted)

<b>Return forms to the Gifted Programs Office at:</b> Gifted Programs Office Bellevue School District PO Box 90010 Bellevue, WA 98009-9010 OR Email: <a href="mailto:gifted@bsd405.org">gifted@bsd405.org</a> (and send original USPS)	<i>For office use only</i> CogAT 7 / STAR or IOWA Level _____ Date of test _____
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Date: \_\_\_\_\_ Applying for:  Elementary Gifted Program  Middle School Program  High School Program

Student's name \_\_\_\_\_ Female / Male  
(Last) (First) (Circle one)

Child's grade level for 2016-2017: \_\_\_\_\_ Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ethnicity \_\_\_\_\_  
(optional)

Language spoken in the home \_\_\_\_\_ Siblings: \_\_\_\_\_  
(if not English) (name and current grade levels)

School where student is **currently** registered \_\_\_\_\_ Student # \_\_\_\_\_

Is your child coming from a **full-time self-contained gifted** program in another district or state?  No  Yes (Please attach documentation of acceptance)

Parent/guardian name(s): \_\_\_\_\_

Parent/guardian phone (1) \_\_\_\_\_ phone (2) \_\_\_\_\_  
(cell/home/work) (cell/home/work)

Parent/guardian address: \_\_\_\_\_  
House number Street Apt # City Zip code

Parent/guardian e-mail address (1) \_\_\_\_\_ (2) \_\_\_\_\_

**PLEASE ATTACH THE TEST RESULTS TO THIS APPLICATION**

**If your child has taken the CogAT 7 within the past 12 months but does not meet BSD qualifying criteria for gifted services, the next test opportunity must be at least 12 months from the date of the last test.**

*The information provided is a true and accurate representation of my child for consideration of placement in the Bellevue School District Gifted Programs.*

Parent/guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

*For office use only*

Scores: VSAS \_\_\_\_\_ QSAS \_\_\_\_\_ NSAS \_\_\_\_\_ CSAS \_\_\_\_\_ RT \_\_\_\_\_ MT \_\_\_\_\_ OTHER \_\_\_\_\_

Alt cognitive test, date, scores (if not CogAT 7) : \_\_\_\_\_

Additional achievement assessments: \_\_\_\_\_

Full Approval Grade: \_\_\_\_\_  CC  ME  SO  SP  OMS  TMS  IHS

Not approved - Reason:  Test scores out of date  Test scores incomplete (Screener v full battery) or not given

Scores do not meet BSD criteria to receive gifted services

Other \_\_\_\_\_ Date eligible for testing: \_\_\_\_\_

Program Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_ Parent notified: \_\_\_\_\_