

CONFIDENTIAL

**Buncombe County Schools
Academically/Intellectually Gifted Programs
Teacher Evaluation for Gifted Service for K-5**

Student _____ Grade _____
School _____ School Year _____
Date of Birth _____ Student Number _____
Classroom Teacher _____ Nominated By _____
Parent/ Guardian Name _____ Phone Number _____

List the ways you have differentiated the curriculum to meet this student's needs:

Most Recent Grades: Language Arts _____ Math _____

Most Recent End of Grade (EOG) Test: Grade _____ Math: Achievement Level _____ Percentile _____
Reading: Achievement Level _____ Percentile _____

Additional Information for Consideration (i.e. other program placements, services received, newly transferred student, or special talents).

Learning Characteristics	Rarely/ Never	Sometimes	Often	Always	Not Observed
Has an advanced vocabulary					
Reads complex texts fluently and critically					
Infers and connects concepts					
Visualizes spatially; creates visual images of a problem					
Tries to understand difficult material independently					
Is keenly observant; anticipates & relates observations					
Exhibits perseverance and is goal-oriented					
Poses unforeseen questions					

Interpersonal Skills	Rarely/ Never	Sometimes	Often	Always	Not Observed
Has self-confidence with peers as well as with adults					
Expresses concern for and interest in community and world issues					
Has an advanced level of ethics					
Exhibits feelings & opinions from multiple perspectives					
Likes to direct activities in which he/she is involved					

Creativity	Rarely/ Never	Sometimes	Often	Always	Not Observed
Is highly curious					
Has a keen sense of humor					
Initiates projects					
Generates a number of ideas or solutions to problems					
Is intuitive					
Improvises well					

Signature of person completing this form _____

For AIG Specialist Use Only: Date Received:	AIG Specialist's Signature:
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