



Thank you for your interest in applying for the Challenge School. Cherry Creek School District has established a process for screening and identifying “highly gifted” children who demonstrate a need for the programming offered at the Challenge School.

The Challenge School Admission Process Consists Of The Following Steps:

1. Admission Packet Submission & Review
 - The completion of a normed-referenced observation scale which will be given to parents to complete at the time of application submission. A completed form must be submitted and received by The Office of Gifted & Talented Services in order for an application to be considered complete.
2. Academic Record Submission & Review.
3. Assessment: After a thorough review of all student records, administration of additional cognitive and/or academic assessments might be conducted to compile a robust Body of Evidence to determine student need for programming designed for highly gifted learners.
 - After review of the Body of Evidence, parents will be notified and students will be scheduled, if needed, on a rolling basis for cognitive and/or academic assessments.
 - Not all students will require additional assessment. The need for additional assessment will be determined on a student by student basis and is dependent on the existing individual body of data for any given child.
4. Determination: Upon the gathering and compilation of a robust Body of Evidence including the information contained in this application packet, personnel from the Office of Gifted & Talented Services in collaboration with the administrators of Challenge School will review all of the information gathered about each student, and a decision will be made, about whether or not the child’s Body of Evidence meets the requirements for potential admittance into the Challenge School.
5. Once all applicants meeting the requirements for admittance have been determined, a holistic approach is employed to determine the final applicants being selected for the upcoming school year’s openings.
 - Provided below is a grid which represents an approximate average number of applicants for each gradelevel and an approximate average number of openings available at each grade level in any given school year. A student meeting the definition of “highly gifted” will score at or above the 97th percentile in 1 or more cognitive domains, as well as, in the areas of reading and mathematical achievement.

Grade Level	Approximate # of Applicants	Approximate # of Openings per Grade per Year
K	74	22
1	35	18
2	24	2
3	21	24
4	20	6
5	21	10
6	32	10
7	9	4
8	2	4

- Determination letters will be sent via US mail, to the address on your application, on Friday, March 15, 2024. If you do not receive a letter by Friday, March 22, 2024, please contact The Office of Gifted & Talented Services at 720-886-7050 or GT@cherrycreekschools.org.

Please mail, or hand deliver complete application packets to the address below. **Applications will be accepted between the hours of 8:00 am – 3:00 pm. It is HIGHLY recommended that you do not delay in the submission of your application.**

For application submission: Please note that the Student Achievement Resource Center will be closed between Monday October 16, 2023 – Friday October 20, 2023 and re-opening on Monday October 23, 2023.

Completed applications and all requested documentation must be received no later than 3:30 pm on **Friday, December 8, 2023**. If mailing your application, it must arrive (not postmarked) to our office by Friday, December 8, 2023. Faxes will not be accepted. **Only complete portfolios will be reviewed.** Late or incomplete application packets will not be considered nor accepted. Superfluous documentation, photos, letters of recommendation and/or projects will not be accepted as part of the application packet. Such items will be returned to the parent(s) at the time of submission, or via US mail, depending on how the original application is submitted.

Complete portfolios must include all application paperwork, completed normed-referenced observation scale for students currently in grades K-7, and supporting assessment documentation, if applicable, along with a check or money order for \$60.00 (made payable to Cherry Creek School District) for application processing and/or additional assessment. *

Applications submitted or received via mail after 3:30 pm on December 8th will not be considered.

Cherry Creek School District
Office of Gifted & Talented Services
Student Achievement Resource Center
14188 E. Briarwood Avenue
Centennial, CO 80112
Phone: 720-886-7050

It is HIGHLY recommended that you do not delay in the submission of your application.

For students not currently enrolled in a CCSD district school, proof of residency within CCSD district boundaries will be required. Proof of Residency accepted documentation is listed on the CCSD/Gifted and Talented Services website.

*This fee is not applicable to families who qualify for free or reduced meals. If you are unsure whether or not you qualify, you may contact the district Food and Nutrition Center 720-886-7175.



FAMILY CONTACT INFORMATION
(Please print or type)

Child's Name: _____ Date of Birth: ____ / ____ / ____ Age: ____
 Street Address: _____ Telephone: _____
 City: _____ State: _____ Zip Code: _____
 Gender: Female _____ Male _____ Grade for the 2024/25 School Year: _____

Is applicant a Cherry Creek School District resident? Yes _____ No _____

***Applicants must reside in the Cherry Creek School District to apply for the Challenge School

Have you previously applied for Challenge School Admission? Yes _____ No _____ If yes, for what school year? _____

Name & grade of sibling(s) who attend Challenge School (if applicable): _____

*Name and grade of sibling(s) applying to Challenge School this year: _____

*Name of neighborhood/attendance area school: _____

Name of current classroom teacher: _____

Parent/Guardian 1 Name: _____

Home phone: _____ Cell phone: _____

Address: _____

Contact email address (please print clearly): _____

Parent/Guardian 2 Name: _____

Home phone: _____ Cell phone: _____

Contact email address (please print clearly): _____

I understand that I must currently reside in Cherry Creek School district in order to apply for The Challenge School.

Optional information: Ethnicity Asian African American Caucasian
 Hispanic Native American Multiple Races

Is English the student's first language? Yes _____ No _____

Languages spoken in the home other than English: _____

Does your family require support from an interpreter in the parent's native language? Yes _____ No _____ Language: _____

Does your child have/had any of the following student plans? _____ IEP _____ 504 _____ READ

If so, please provide a copy of the most current plan(s).

***This information is not used as part of the criteria for admittance and will not be utilized until after the admission process and will only be used to inform the evaluation process and assessment selection.

By signing below, you are granting permission for your child to participate in the Challenge School application process.

Parent Signature: _____ Date _____ / _____ / _____

Parent Signature: _____ Date _____ / _____ / _____



PARENT QUESTIONNAIRE

Child's Name: _____

Please take a moment to answer these questions using details and specific examples when possible.

What adjectives or phrases best describe your child?

Please note any particular academic and social needs of which we should be aware.

For Kindergarten applicants only: Please list any formal learning experiences your child may have had (e.g. preschool, Head Start, etc.)

How do you feel your child learns best?

Parent Signature: _____ Date ____/____/____

Parent Signature: _____ Date ____/____/____



PARENT OBSERVATIONS FORM
(Mandatory for Grades K-1, Optional for Grades 2-8)

Derived from the Kingore Observation Inventory (KOI) 2001

Child's Name: _____

The Kingore Observation Inventory is a research-based tool that helps adults recognize patterns of advanced behavior in children. Parents have unique opportunities to see their children at play, at work and in family settings. Thank you for sharing your observations.

Advanced Language
Uses words that seem advanced for the age-level expectations.
Rewords own language for younger or less mature children.
Explains how unrelated things are similar.
Uses words for time concepts (clock and calendar) accurately.
Uses similes, metaphors, or analogies; "A _____ is really like a _____ because _____."
Asks questions about words (in print or oral language).

Examples from above of things my child said:

Analytical Thinking
Demonstrates complex or abstract thinking.
Analyzes household or school tasks.
Notices a surprising depth of details about surroundings.
Takes apart and reassembles things or ideas with skill.
Expresses relationships between past and present experiences.
Makes up songs, stories, or riddles about experiences.
Organizes collections of things uniquely; likes to plan or arrange things.

Examples from above of things my child said:

PARENT OBSERVATIONS FORM, CONTINUED

Meaning Motivation
Is philosophical.
Asks surprisingly intellectual questions.
Is curious; experiments.
Demonstrates an unexpected depth of knowledge in one or more areas.
Exhibits intense task commitment and energy when pursuing interests.
Remembers!
Is independent.

Examples from above of things my child said:

Perspective
Explains another's point of view.
Shows dimensions, angle, or perspective in art, writing, math solutions, or problem solving.
Creates complex shapes, patterns, or graphics.
Applies left and right without prompting.
Adds interesting details to enhance products.

Examples from above of things my child said:

Sense of Humor
Says or does something indicating an unexpected, sophisticated humor.
Catches an adult's subtle humor.
Understands and uses puns and riddles.
"Plays" with language.
Develops humorous ideas to an extreme.

Examples from above of things my child said:

PARENT OBSERVATIONS FORM, CONTINUED

Sensitivity
Cares deeply; shows intense concern for human issues.
Tries to take action to help someone in need.
Expresses feelings through words or art.
Explains others' feelings.
Displays a strong sense of fairness.
Expresses high expectations of self and others.
Seems to overreact at times.

Examples from above of things my child said:

Accelerated Learning
Learns new things quickly with minimum practice.
Uses multiple characteristics when discussing items.
Reads passages at an advanced, fluent reading level for the age-level expectations.
Explains the meaning of what has been read.
Demonstrates an unexpected mastery of math or science concepts.
Uses a dictionary, encyclopedia, map, atlas, or computer to gain advanced information.
Creates products which seem advanced for the age-level expectations.

Examples from above of things my child said:

Other information I would like you to know about my child:

Parent Signature: _____ Date ____/____/____

Parent Signature: _____ Date ____/____/____

FOR APPLICANTS WHO ARE CURRENTLY ATTENDING SCHOOL OUTSIDE OF CHERRY CREEK SCHOOL DISTRICT ONLY

**CHERRY CREEK SCHOOL DISTRICT #5
AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

I, _____, (Parent or Authorized Personal Representative) authorize the release of protected health and medical information as described in this authorization.

STUDENT NAME: _____ **DOB:** _____

ADDRESS: _____ **PHONE:** _____

1) I request the following information to be exchanged between Cherry Creek School District #5/ Office of Gifted & Talented Services and the organization/agency below:

FROM/TO:	TO/FROM:
Agency/Unit _____	Cherry Creek School District #5/GTS Office
Address _____	Address: <u>14188 E. Briarwood Avenue</u>
City, State, Zip _____	City, State, Zip <u>Centennial, CO 80112</u>
Phone/FAX _____	Phone/FAX: <u>720-886-7050/720-554-7094</u>
Attention: _____	Attention <u>Alison Renova</u>
	<u>arenova@cherrycreekschools.org</u>

WRITTEN RECORDS TO BE RELEASED OR SECURED:

- | | |
|---|--|
| <input type="checkbox"/> Admission/Discharge Summary | <input checked="" type="checkbox"/> Special Education Records |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Speech/Language Evaluation |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Occupational/Physical Therapy Report |
| <input type="checkbox"/> Social History | <input checked="" type="checkbox"/> Educational Evaluation |
| <input type="checkbox"/> Family Systems Evaluation | <input type="checkbox"/> Course Transcript (clock hours & grades) |
| <input type="checkbox"/> Medical History/Physical Exam | <input type="checkbox"/> Social Service Records |
| <input type="checkbox"/> Legal Information | <input type="checkbox"/> Supervision Plans |
| <input checked="" type="checkbox"/> GT & All Academic Assessment & Records | <input type="checkbox"/> Substance Abuse Records |

I authorize:

- Phone contact to share information
 - Attendance by individuals at planning meetings
- 2) I authorize the information to be disclosed to appropriate school officials within Cherry Creek School District #5 who have a need to receive this information in order to fulfill their duties and responsibilities associated with the education and mental health treatment of the student.
- 3) *Right of Revocation:* I understand this authorization will expire annually, without my express revocation upon March 28, 2022. I understand that I may revoke this authorization at any time upon written notice except to the extent that action has already been taken based on this authorization. I further understand that the revocation is only effective after it is received and logged by Cherry Creek School District #5. Further, I have a right to a copy of this authorization.
- 4) *Re-disclosure:* I understand that authorization for the disclosure of this health information is voluntary, and I can refuse to sign this authorization. Treatment, payment, enrollment in the health plan or eligibility disclosure of information carries with it the potential for re-disclosure, and once the information is disclosed, it may no longer be protected by federal HIPAA confidentiality rules.
- 5) All information received and maintained by Cherry Creek School District #5 will be kept confidential pursuant to the Family Education Rights and Privacy Act 20 USC1232(g)("FERPA") and Policy JRC.

Signature of Parent/Guardian or Personal Representative _____ Date _____

Name of Guardian/Personal Representative (Print) and Relationship _____

English:

Please contact (name of liaison) at (email) for support with this resource in your language.

Amharic:

እነዚህን መረጃዎችን በተመለከተ በቋንቋዎ ሰገዛን ለማግኘት ከፈለጉ እባክዎን **ተሊሌን በዝህ እሜይል ያግኙዎት thirpa@cherrycreekschools.org**

Arabic:

يرجى الاتصال بـ (يعة صباحي أو جاودة العلمي) على (jsebbahi@cherrycreekschools.org)

للحصول على للدعم مع هذا للمورد اللغة العربية. jdajani@cherrycreekschools.org

Chinese:

如有需要，请经由ahan10@cherrycreekschools.org，与韩馥联系，以您的语言获得此资源的支持。

Korean:

귀하의 언어로 이 자원에 대한 지원을 원하시면 (리아 리) 에게 (llee6@cherrycreekschools.org) 로 문의하십시오.

Russian:

Пожалуйста, обращайтесь к Ларисе Бака по адресу:

lbaca3@cherrycreekschools.org для получения поддержки с помощью этого ресурса на своём языке.

Somali:

Fadlan la xiriir Omar Nur cinwaanka emaylka-onur2@cherrycreekschools.org si aad u hesho macluumaad ku qoran luqadaada.

Spanish:

Si necesita ayuda con este recurso en su idioma, póngase en contacto con Ilse Chavez Maldonado en ichavezmaldonado@cherrycreekschools.org, Rosa Han en rhan4@cherrycreekschools.org, Helena Gognat en hgognat@cherrycreekschools.org o Milagro Nuanes en mnuanes@cherrycreekschools.org

Vietnamese:

Vui lòng liên hệ với Thuý Ngọc tại Lchung2@cherrycreekschools.org để được hỗ trợ về tài nguyên này bằng tiếng Việt.