



CherryCreekSchools



CHALLENGE
SCHOOL

A Cherry Creek Magnet School

Office of Gifted & Talented Services
Student Achievement Resource Center
14188 E. Briarwood Avenue
Centennial, CO 80112
720.886.7050

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
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.
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 will review all of the information gathered about each student, and a decision will be made, in collaboration with the administration of Challenge School, 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 at each level of qualification have been determined, a whole-child approach is employed to determine the final applicants being selected for the upcoming school year’s openings.
 - Provided below is a grid which details an approximate average number of applicants for each grade level and an approximate average of the number of openings available at each grade level in any given school year. A highly gifted student normally scores 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	120	24
1	35	18
2	30	12
3	25	8
4	20	8
5	25	12
6	35	15
7	8	5
8	2	2

- Determination letters will be sent via US mail, to the address on your application, on Friday, February 19, 2021. If you do not receive a letter by Friday, February 26, 2020, 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. **Due to building renovations, in-person deliveries will be accepted starting on Monday, November 2, 2020 between 8:00am-3:30pm** and on any regular business day. **Due to the constantly evolving situation of Covid-19, it is HIGHLY recommended that you do not delay in the submission of your application.**

Completed applications and all requested documentation must be received no later than 3:30 pm on **Friday, December 4, 2020**. If mailing your application, it must arrive (not postmarked) to our office by Friday, December 4, 2020. 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 and supporting assessment documentation, if applicable, along with a check 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 4th will not be considered.

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Due to the constantly evolving situation of Covid-19, it is HIGHLY recommended that you do not delay in the submission of your application.

*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

Child's Name: _____ Date of Birth: ____ / ____ / ____ Age: ____

Street Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Gender: Female _____ Male _____

Grade for the 2021/22 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).

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 (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>Tina Durrant</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 1, 2021. 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:

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Arabic:

يرجى الاتصال بـ (جميعاً صباحي أو جاودة العلمي) على (isebbahi@cherrycreekschools.org) أو jdajani@cherrycreekschools.org للحصول على الدعم مع هذا المورد باللغة العربية.

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 (ilee6@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 ichavez@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.