

## ELEMENTARY SCHOOL SAIL APPLICATION for 2009-2010

STRATTON (2460 PASEO) OR FREMONT (5110 EL CAMINO)  
719-328-3400 719-328-5600

**PARENTS SHOULD FILL OUT PAGES 1 & 2 AND  
GIVE PAGES 3-5 TO THE APPROPRIATE TEACHERS.**

Student's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Birth date \_\_\_\_\_

Age \_\_\_\_\_

Present Grade \_\_\_\_\_ School Student Presently Attends \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ (Indicate Mom & Dad)

Siblings in elementary school \_\_\_\_\_

Name

Grade

Preference of School Site- Fremont Elementary or Stratton Elementary:

First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Date of Application \_\_\_\_\_

***Important Note for Proper Processing of Application:***

Parents should mail or deliver in person pages 1 & 2 to:

Gifted & Talented Department

1115 N. El Paso St

Colorado Springs, CO 80903

**DEADLINE: Tuesday, March 31, 2009**



Colorado Springs School District Eleven  
Division of Special Programs  
Gifted and Talented Department  
Phone: 520-2464 Fax: 520-2386

**PREVIOUS TEACHER RECOMMENDATION**

The student's **previous teacher** should complete this form. Information will be handled in a confidential manner.

**Student** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

1. How would you describe this student's attitude toward learning and academics?
2. What would this student bring or contribute to the SAIL program?
3. How do you think this student would benefit from a program that compacts the regular academics and "stretches" the mind in creative and critical thinking, e.g., nine-week projects, open-ended assignments, group work?
4. Please list this student's strengths.
5. Please list areas of concern for this student.
6. How does this student relate to peers and adults, i.e., use of social/emotional skills?
7. Please describe the student's task commitment, work completion habits, and quality of work.
8. What level of commitment will this student's parents have toward the SAIL program and level of support for their child's homework, class projects, field trips, library visitations, etc.?
9. Attendance: Regular \_\_\_\_\_ Irregular \_\_\_\_\_

Other comments: (Answer on back of page)

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please "pony" (within D-11) or mail to:  
Gifted & Talented Office, 1115 N El Paso, Colo. Spgs., CO 80903**

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**PRESENT TEACHER (2007-2008) RECOMMENDATION**

The student's **present teacher** should complete this form. Information will be handled in a confidential manner.

**Student** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

1. How would you describe this student's attitude toward learning and academics?
2. What would this student bring or contribute to the SAIL program?
3. How do you think this student would benefit from a program that compacts the regular academics and "stretches" the mind in creative and critical thinking, e.g., nine-week projects, open-ended assignments, group work?
4. Please list this student's strengths.
5. Please list areas of concern for this student.
6. How does this student relate to peers and adults, i.e., use of social/emotional skills?
7. Please describe the student's task commitment, work completion habits, and quality of work.
8. What level of commitment will this student's parents have toward the SAIL program and level of support for their child's homework, class projects, field trips, library visitations, etc.
9. Attendance: Regular \_\_\_\_\_ Irregular \_\_\_\_\_
10. Other comments: (Answer on back of page)

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

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**GIFTED RESOURCE TEACHER  
TEST AND PERFORMANCE INFORMATION**

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GENDER \_\_\_\_\_

**A.) REPORT CARDS (attach photocopies)**

\_\_\_\_\_ Current Year \_\_\_\_\_ Previous Year

**B.) ACHIEVEMENT TESTS (put date administered)**

Terra Nova _____	CSAP _____
MATH _____%	MATH _____
LANGUAGE _____%	WRITING _____
READING _____%	READING _____

**C.) SPECIAL PROGRAM (please circle any which apply to the child and explain on back)**

ACCELERATION    RETENTION    504 PLAN    IEP    ESL    other \_\_\_\_\_

**D.) ETHNIC CODE \_\_\_\_\_**

**E.) WRITING SAMPLE COMPLETED ON \_\_\_\_\_ (Attach to this form)**

**F.) ABILITY TEST SCORES (put date administered)**

<b>CogAT</b> _____	<b>K-bit</b> _____	<b>Naglieri</b> _____
VERBAL _____%	Verbal _____%	Non-Verbal _____%
NON-VERBAL _____%	Non-Verbal _____%	
QUANTITATIVE _____%	Composite _____%	

**G.) COMMENTS:** Please be as specific as possible in commenting on any characteristics, abilities, and/or aptitudes of this student that you feel should be brought to the attention of the SAIL committee.

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