

## PHILOSOPHY OF PROGRAM SERVICES

The Solon City School District recognizes that all students possess strengths and abilities which may be addressed through differentiated educational experiences. Educational opportunities are provided to give student the opportunity to achieve their social, emotional, and intellectual potential.

## CURRICULUM DIFFERENTIATION

The diverse strengths, talents and needs of students are addressed through the student's team of teachers (classroom, music, art, physical education, media, guidance and support personnel).

Each child has the opportunity to meet his or her potential through a challenging curriculum and through an instructional environment which provides open-ended experiences so that students may work at their instructional level.

To assist and support teacher in this process, a curriculum resource teacher has been assigned to each of Solon Schools' buildings through grade 6. This resource teacher collaborates with the classroom teachers to plan, teach, and evaluate student learning.

The resource and classroom teachers base their collaborative efforts on the Ohio's Learning Standards.

These collaborative efforts are designed to identify and address the strengths, talents and need of students in the classroom.

In grades 7-12, students' needs are met through differentiation as well as course selection. Students have access to honors, AP and College Credit Plus courses to meet their potential.

## GIFTED IDENTIFICATION

Whole grade screening: in grades 2 and 4 and all new to the district students in grades 3 and 5

- Superior Cognitive Ability – Cognitive Abilities Test (CogAT), Form 7, VQN Composite
  - Required score for gifted ID Superior Cognitive: 128
- Specific Academic Ability in Reading and Math - IOWA Assessment, Form E (Reading and Math)
  - Required score for gifted ID: 95<sup>th</sup> percentile

To designate a child as gifted by state standards, Solon accepts scores on assessment instruments approved for use by the Ohio Department of Education. These may be provided by other school districts and/or trained personnel outside the school district.

The district ensures that any child transferring into the district may be assessed for state gifted identification within 90 days of the transfer if the transfer occurs September – March at the request of the parent. If the transfer occurs in March – August, the child may be assessed within 90 days of the start of the school year. Parents should contact the building principal to request testing for state identification.

## [GIFTED APPEAL PROCESS](#)

An appeal by the parent is the reconsideration of the results of any part of the state identification process which would include screening procedures or assessment instruments (which results in state identification), the scheduling of children for assessment, the placement of a student in any program, and receipt of services.

Parents should submit a form (Appeal Form XII- attached) to the Director of Pupil Services outlining the nature of the concern and the steps taken in an attempt to resolve the concern. The Director of Pupil Services will convene a meeting with the parent/guardian, which may include other school personnel. The Director of Pupil Services will issue a written final decision within 30 days of the appeal. This written notice includes the reason for the decision(s).

## [WRITTEN EDUCATION PLANS](#)

Students identified as gifted will receive a Written Education Plan (WEP) annually.

- Grades K-6 will receive this information during Fall Parent Teacher Conferences.
- Grades 7-12 will be emailed home to parents

Parents are asked to sign a copy of the WEP to acknowledge receipt.

## [ACCELERATION](#)

Students and/or parents who are interested in student evaluation and consideration for whole grade or subject area acceleration or early high school graduation should contact the building principal and/or the student's guidance counselor. Parents who wish to have their child evaluated and considered for early admission to kindergarten should contact the building principal.

## [RESOURCE LINKS](#)

Gifted Services-

[District Plan for the Identification of and Services for Students](#)

[Student Acceleration](#)

[Promotion, Academic Acceleration, Placement, and Acceleration Policy](#)

Ohio Department of Education-

[Ohio Operating Standards for Identifying and Serving Gifted Students](#)

[Approved Assessment Instruments for Gifted Services and Identification](#)

Any additional questions should be addressed to the Director of Pupil Services

**Gifted Appeal Form XII**

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

I/We are requesting the reconsideration of the decision made during the state gifted identification process on the basis of:

- \_\_\_\_\_ the screening procedure/assessment
- \_\_\_\_\_ the scheduling for assessment
- \_\_\_\_\_ the placement in program of service

This request is based on the following information:

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I/We have tried to resolve this concern at the building level. I/We have discussed this appeal with the following school personnel:

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On this/these date(s) \_\_\_\_\_

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The outcome of this/these meeting(s) was:

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Please sign and date this request and deliver to the Director of Pupil Services office. You will be contacted regarding the scheduling of a meeting to consider this appeal within 30 working days upon receipt of request.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Gifted Appeal Form XII**

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We have tried to resolve this concern at the building level. I/We have discussed this appeal with the following school personnel:

\_\_\_\_\_  
\_\_\_\_\_

On this/these date(s) \_\_\_\_\_

The outcome of this/these meeting(s) was:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign and date this request and deliver to the Director of Pupil Services office. You will be contacted regarding the scheduling of a meeting to consider this appeal within 30 working days upon receipt of request.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date