



Carroll ISD Accelerated Mathematics 5th to 6th GRADE REFERRAL FORM

Deadline: Friday, April 10, 2009

This form may be completed electronically. Please save this form to your desktop first, then complete and save your responses. Once this form is completed, please print it out, sign it, and return it along with the completed parent questionnaire to your campus counselor by the deadline on this form.

If you need assistance completing this form online, please email Julie Dines @ dinesj@cisdmail.com.

To complete, please CLICK above the line or inside the text box and type the information requested.

Student's Full Legal Name:		Date of Birth: MM / DD / YY	
School:	Grade:	Classroom Teacher:	
Parent/Guardian Name:		Parent's Email Address:	
Home Address: _____ <i>Street</i>		_____	_____
		<i>City</i>	<i>Zip code</i>
Home Phone number:		Cell Phone number:	

Name of Person N

I would like to refer _____ (*student's name*) for assessment for the Carroll ISD Accelerated Math Program.

Referral allows this student to be considered for assessment, additional testing, and possible placement in the Carroll ISD Accelerated Math Program. Your signature gives Carroll ISD permission to test your child. Assessment consists of standardized tests scores, math average, and core class averages.

Student first enrolled in Carroll ISD: _____
Month / Year *School*

PERMISSION TO TEST STUDENT – Parent signature required.

Parent Signature: _____ Date: _____

PARENT QUESTIONNAIRE

Carroll ISD Accelerated Mathematics

Referral deadline – April 10, 2009 by 4:00 PM

This questionnaire may be completed electronically. Please save this form to your desktop first, then complete and save your responses. If you need assistance completing this form online, please email Julie Dines at dinesj@cisdmail.com.

After completing this form, you may 1) e-mail it as an attachment to your campus counselor or 2) print a copy and send it to your campus counselor by the deadline indicated above. Confirmation will be sent only for electronic forms received.

STUDENT INFORMATION: Please click inside the box and type the requested information.

Name of Student:	Current Grade Level:	
Birth Date:	Campus:	Date:

Directions: Please complete the following checklist. Select the answer which best represents how you view your son or daughter, and place an X after the dash. Example: -X

My child . . .	Rarely	Sometimes	Usually	Almost Always
1. <u>prioritizes tasks and activities well</u>	-	-	-	-
2. <u>learns new material quickly</u>	-	-	-	-
3. <u>follows multi-step directions accurately</u>	-	-	-	-
4. <u>focuses on a task until it is completed</u>	-	-	-	-
5. <u>exhibits a strong work ethic</u>	-	-	-	-
6. <u>is willing to spend extra hours outside of school time to master concepts</u>	-	-	-	-
7. <u>displays a passion for a topic for a long time; becomes an expert on that topic</u>	-	-	-	-
8. <u>makes good use of time</u>	-	-	-	-
9. <u>displays patience and persistence</u>	-	-	-	-
10. <u>depends on high grades to serve as a yardstick to measure personal success</u>	-	-	-	-

PARENT QUESTIONNAIRE – Accelerated Mathematics

Name of Student:		Current Grade Level:
Birth Date:	Campus:	Date:

Please describe below how you believe your child will adjust to a situation which will likely require:

- much time outside of school hours for homework/projects;
- more open-ended tasks with fewer guidelines;
- faster-paced instruction with less time for review or completing assignments in class; and
- more difficult math content with more challenging assessments possibly resulting in lower grades.

(Start typing in the box below. Click on the text box line to expand the box or typing window.)

--