

Gifted and Talented Program Application - Initial

**Department of Education**

**Gifted and Talented Program Application (Form EF-S-206)**

This is a printable document of the [GT on-line application](https://mainedoe.co1.qualtrics.com/jfe/form/SV_0dFXUu2VnM1Lcwd). This MS Word document serves as a resource for GT coordinators, superintendents and other SAU staff involved in the GT application process, but is not the application. This document can be printed to work with others prior to completing the on-line application process.  We recommend your first step should be to read the Step by Step on-line application instructions which can be downloaded [here](http://mainedoe.co1.qualtrics.com/CP/File.php?F=F_4Idh9RyqAv3Ii2x).

The [Gifted and Talented on-line application](https://mainedoe.co1.qualtrics.com/jfe/form/SV_0dFXUu2VnM1Lcwd) must be completed in one setting. The GT on-line application cannot be saved and retrieved later. A successful GT application submission is followed by a system-generated response indicating the application is complete. Your application is submitted only if you receive a message indicating the application is complete.  
  
A copy of each type of GT application, initial, renewal, and waiver can be printed from the [Maine DOE GT web page](http://www.maine.gov/doe/funding/gpa/gtMaine).

Additionally, the last section of the application requires you to upload a signed [Superintendent Certification Form](https://mainedoe.co1.qualtrics.com/CP/File.php?F=F_5C5Zc4lzBXnt03P). You may wish to print the Superintendent Certification Form first, obtain the superintendent's signature to certify the GT budget, and scan the Certification Form to your computer before you begin the on-line application process.

 All completed applications are due September 30th. Applicants can expect a follow up communication or letter of approval by October 31st.

Select your school administrative unit (SAU) from the list below.

Staff person responsible for SAU's gifted and talented program.

* Name and title (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone number (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email address (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff person completing this application.

* Same as above (insert "X" in box) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name and title (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone number (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email address (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which application are you completing?  
     
Select from the list below.

* Initial Application (1)

* Renewal Application (2)
* One-year Waiver (3)

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Display This Question:

If Which application are you completing?   Select from the list below. = Initial Application

1 Provide the SAU's philosophy specific to gifted and talented programming.

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If Which application are you completing?   Select from the list below. = Initial Application

2 Provide a program abstract that describes the children to be served and the program(s) to be implemented in the school(s) of the SAU.

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If Which application are you completing?   Select from the list below. = Initial Application

3 Provide the goals, objectives, and activities of your program.

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If Which application are you completing?   Select from the list below. = Initial Application

4 Provide a description of the identification process used: screening, selection, and placement in each of the following categories (or you can upload your procedures below, whichever is most convenient).

* General Intellectual Ability (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Specific Academic Aptitude (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Artistic Ability (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Display This Question:

If Which application are you completing?   Select from the list below. = Initial Application

Upload identification process here.

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If Which application are you completing?   Select from the list below. = Initial Application

4.A Describe the policies and procedures for the review of the identification of a student for the program (or you can upload your procedures below, whichever is most convenient).

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If Which application are you completing?   Select from the list below. = Initial Application

Upload identification review procedure here.

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5 Provide a description of the staff development that takes place to implement the program.

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If Which application are you completing?   Select from the list below. = Initial Application

6 Complete the information below concerning the staffing and management of the program.

|  |  |  |  |
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|  | Administrators (1) | Teachers (2) | Educational Technicians (3) |
| # Full-time FTE (1) |  |  |  |
| # Part-time FTE (2) |  |  |  |

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7 Provide a description of the annual program self-evaluation process (or you can upload your process below, whichever is most convenient).

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If Which application are you completing?   Select from the list below. = Initial Application

Upload program self-evaluation process here.

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If Which application are you completing?   Select from the list below. = Initial Application

8 Provide a description of the costs to be incurred to implement the program.

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9 For those SAUs requesting approval of allowable costs for State subsidy aid, complete the budget proposal below.

Professional staff - salary and benefits : \_\_\_\_\_\_\_ (16)

Auxiliary staff - salary and benefits : \_\_\_\_\_\_\_ (17)

Independent contractors : \_\_\_\_\_\_\_ (18)

Materials and supplies : \_\_\_\_\_\_\_ (19)

Professional development/Staff tuition : \_\_\_\_\_\_\_ (20)

Student tuition : \_\_\_\_\_\_\_ (21)

Other allowable costs : \_\_\_\_\_\_\_ (22)

Total : \_\_\_\_\_\_\_\_

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If Which application are you completing?   Select from the list below. = Initial Application

Superintendent Certification  
   
Upload completed and signed Superintendent Certification Form here.

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