

**The Program Renewal Application shall be submitted annually by school administrative units (SAUs) that have an approved Initial Application.**

**All final applications and accompanying approval/non-approval letters and budgets will be posted on the Maine Department of Education's gifted and talented website.**

**DUE by: September 30, 2017**

**RETURN BY EMAIL TO:  
mailto:GT.DOE@maine.gov**

School administrative unit  
name:

Vassalboro Public Schools

Name and title of person responsible for gifted and talented program:

Peter Thiboutot, Assistant Superintendent

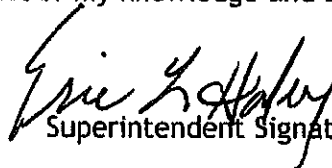
Phone number: 872-1960

Email address: pthiboutot@aos92.org

**CERTIFICATION:**

The statements made herein are correct to the best of my knowledge and belief.

ERIC L. HALEY  
Superintendent Name (printed)

  
Superintendent Signature

Date of Initial submission to Maine  
DOE:

10/3/17 SLH 10/3/17

Date of 1<sup>st</sup> Revision to Maine DOE:

\_\_\_\_\_

\_\_\_\_\_  
Superintendent  
Initials

Date of 2<sup>nd</sup> Revision to Maine DOE:

\_\_\_\_\_

\_\_\_\_\_  
Superintendent  
Initials

Date of 3<sup>rd</sup> Revision to Maine DOE:

\_\_\_\_\_

\_\_\_\_\_  
Superintendent  
Initials

State of Maine  
Education Program Department of Education  
Renewal Application 2017-18

Gifted and Talented

FOR INFORMATION CONTACT: [GT.DOE@maine.gov](mailto:GT.DOE@maine.gov)

Reviewed By: \_\_\_\_\_

Maine DOE Approval: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

*Jane Lee*  
*11/21/17*

### ***Program Renewal Application***

To maintain program approval status, a school administrative unit (SAU) must annually report any information that represents Change (i.e. an alteration, addition, or deletion) to any program category (Maine DOE Chapter 104.14, 1-9) from the reported and approved Initial Application (FY2015-16 or FY2016-17).

For detailed instructions on how to complete the Program Renewal Application, please refer to the Instructions document on the Gifted and Talented website <http://www.maine.gov/doe/gifted/programcomponents/forms/index.html>.

1. Provide any changes to the detailed description of the SAU's philosophy for both the gifted and talented academic and arts programs.

NO  
CHANGE

CHANGE

Describe CHANGE here:

- o Academic program philosophy -
  
  
  
  
- o Arts program philosophy -

2. Provide any changes to the program abstract for both the academic and arts programs - describe the children to be served and the program(s) to be implemented in the school(s) of the unit.

NO  
CHANGE

CHANGE

Describe CHANGE here:

- o Academic program abstract -
  
  
  
  
- o Arts program abstract -

3. Provide a detailed explanation of any changes to the two goals, objectives and activities for the K-12 gifted and talented academic program and two goals, objectives and activities for the K-12 gifted and talented arts program.

NO  
CHANGE

CHANGE

Describe CHANGE here:

- Academics program goals, objectives, activities -
  
  
- Arts program goals, objectives, activities -

4. Provide any changes to the description of the identification procedures for general intellectual ability, academic aptitude and artistic ability for each of the following program components: screening, selection and placement. Also include any changes to the description of the handling of transfer students, exit procedure, appeals procedure and appropriate notifications.

NO  
CHANGE

CHANGE

Describe CHANGE here:

- General intellectual ability identification -
  
  
  
  
  
- Specific academic areas identification -
  
  
  
  
  
- Arts identification -
  
  
  
  
  
- Transfer students -
  
  
  
  
  
- Exit procedures -

- o Appeals procedures -

5. Provide a description, including the name, of the staff development that takes place in order to implement the program(s).

NO CHANGE

CHANGE

Describe CHANGE here:

6. Provide any changes to the description of the responsibilities of the professional and auxiliary staff listed below.

A. Indicate the professional staff for the K-12 Gifted and Talented Program.

Name of Staff	690 Endorsement Yes/No	Teacher or Administrator	Grade level	Indicate Full- or Part-Time in GT
Julie Oliver	yes	teacher	K-8	Full time

B. Indicate the Auxiliary Staff: Educational Technician

Name of Staff	Role	690 Endorsement Yes/No	Grade level	Name and position of supervisor	Indicate Full- or Part-Time in GT

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7. (a.) Indicate any changes to your Approved Initial application self- evaluation process.

NO  
CHANGE

CHANGE

Describe CHANGE here:

(b.) Provide a detailed description of the results/effectiveness of the annual program self-evaluation. (Note: A summation statement on the effectiveness/success of the district's GT program in the academics as well as the arts will suffice.)

The GT program uses student and parent surveys to inform the effectiveness of the program. Results of spring 2017 surveys are:

Parent Survey- Nine questions that rate satisfaction with content appropriateness, socio-emotional growth, communication ease and overall experience were asked. Rating average was 4.7 out of 5.

Middle School Student Survey- Seven questions that rate content appropriateness, socio-emotional connection, communication comfort and overall experience were asked. Rating average was 4 out of 5. Note- some of the low ratings were indicative of satisfaction with peer connections in classes of one or two students.

Primary School Student Survey- Seven statements that expressed content appropriateness, socio-emotional connection, communication comfort and overall positive experience were proposed. Answer choices were "always, usually, sometimes and never." 82% of responses answered "always," 14% answered "usually," and 4% answered "sometimes."

Short answer questions were also asked to collect information about highs and lows for future programming decisions.

(c.) Include how program effectiveness was determined.

The GT committee reviewed the program and found both academic and arts programs to be in full compliance with nomination and identification documents and practices as well as services provided. Goals were also set by the committee and included research on and expansion of data points to our identification procedure, as well as creating fresh arts self-referral forms. These have been completed and will be used this year.

Effectiveness of the Arts GT Program was evaluated through oral feedback from students, chaperones and parents. Information was gathered, discussed in-house, and recommendations for improvements were forwarded to the district coordinator. The consensus was that the GT arts events were successful and needed only minor adjustments.

8. Provide a justification/description of the items included in the proposed budget in number 9.

Instructional materials include one supplemental text for math. Additional materials are for use just by VPA GT students and include resource books for music and some specific supplies for art. Planned expenditures also include conference expenses for professional development for the GT teacher, and field trip expenses for VPA music students. Additional expenditure details for VPA are not available at this time.

9. For those school units requesting approval of *allowable program costs* for State subsidy, please complete the following budget information. Amounts budgeted for the SAUs Gifted and Talented Program must be reported in the NEO (New Educational Onotology) financial system as part of the Annual Budget Reporting.

*NOTE: To be approved as an allowable cost for the current school year, all personnel listed below must be appropriately certified/endorsed by the application deadline of September 30.*

**Professional Staff Costs**

Professional Staff Name	Elementary (salary with benefits)	Secondary (salary with benefits)
Julie Oliver	44,106	
<b>Subtotal</b>		

**Auxiliary Staff Costs**

Auxiliary Staff Name	Elementary (salary with benefits)	Secondary (salary with benefits)
<b>Subtotal</b>		

**Independent Contractor Costs**

Independent Contractor Name	Area of expertise	Elementary (contract amount)	Secondary (contract amount)





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Field trip for GT VPA students to Orono to attend Bangor Symphony	350		
<b>Subtotal</b>	<b>350</b>	<b>Subtotal</b>	

C. Student Tuition (i.e. regional programs/ computer programs, college courses in identified area):

Elementary: Program name	Cost	Secondary: Program name	Cost
<b>Subtotal</b>		<b>Subtotal</b>	

D. Staff Tuition/Professional Development:

Elementary: Course/Workshop Title	Cost	Secondary: Course/Workshop Title	Cost
MEGAT membership, conference fee and travel	485		
<b>Subtotal</b>	<b>485</b>	<b>Subtotal</b>	

**E. Totals**

Subtotals from charts above	Elementary Costs:	Secondary Costs:
Professional Staff	44,106	
Auxiliary Staff		
Independent Contractors		
A. Materials/Supplies	201.22	
B. Other Allowable Costs	350	
C. Student Tuition		
D. Staff Tuition/PD	485	
<b>Total</b>	<b>45142.22</b>	



# State of Maine Substitute W-9 & Vendor Authorization Form

PURPOSE To establish or update an account with the State of Maine's accounting system  
Complete this form if 1) You will receive payment from the State of Maine, and/or 2) You are a vendor who provides services or goods to the State of Maine

This form replaces the IRS W-9 form per the IRS W-9 language: "If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9."

**RETURN TO:**  
by mail  
to the agency who requested the form or sent it to you, or the agency you're doing business with.  
(ie. DHHS/Labor/DEP/Education/etc)

FILL OUT FORM COMPLETELY - ALL AREAS WITH \* ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

### TYPE OF REQUEST\*: (Must select one.)

- New Request     New Location/Additional Entry     Change
- Legal Name     Phone #     Contact Info     Payment Address  
 DBA Name     Care Of     Email Only     Ordering Address

TAXPAYER ID NUMBER\* (TIN) (Provide ONE only) Social Security # (person) or a Federal Employer ID # (business) TIN

TIN Type* choose ONE	Organization Type*	Classification* choose ONE	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Social Security No. =>	<input type="checkbox"/> Individual =>	<input type="checkbox"/> State Employee	<input type="checkbox"/> Estate	<input type="checkbox"/> Nonresident Alien
<input type="checkbox"/> Employer ID No. =>	<input type="checkbox"/> Company =>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
30-0832086		<input checked="" type="checkbox"/> Other Gov't	<input type="checkbox"/> Federal Gov't	<input type="checkbox"/> State Gov't
		<input type="checkbox"/> Other	<input type="checkbox"/> Foreign (W8 required)	

LEGAL NAME (Must provide: Legal name filed with IRS tied to the ID number, SSN=first & last name/FEIN=business name)  
Legal Name\*  Alias/DBA

Other Info Vendor Customer Number (if known) VC#/VS#  Account/Client/Provider Number (if known)

Payment Address\* My  Billing Address  Admin. Address is the same.  
Address  C/O   
City/State/Zip  Phone

Contact\* Name  Phone  Ext   
Email   Send me Email notifications of DD/EFT (requires Direct Deposit/EFT form to be completed)

Procurement/Physical Address\* My  Billing Address  Admin. Address is the same.  
Address  C/O   
City/State/Zip  Phone

Contact\* Name  Phone  Ext   
Email

Authorized Signature, Title & Current Date\* Dr. Heather N. Whitcomb, Superintendent 11/21/2017

Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U. S. citizen or other U. S. person (defined by the IRS). Ref: www.irs.gov

OFFICE USE ONLY State Agency & SHS #	Information on State Agency Submitting Vendor Form Agency Contact Person Name & Title	OFFICE USE ONLY Contact's Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>