

Indiana High Ability Program Final Report

2019-2020 (Due December 20, 2020)

LEA Number *

School Corporation Name *

High Ability Grant Amount *

Identification Grant Amount *

High Ability Coordinator's Name *

First Name Last Name

High Ability Coordinator's Phone *

Area Code Phone Number

High Ability Coordinator's Email *

example@school.k12.in.us

Treasurer *

First Name Last Name

Treasurer's Phone *

Area Code Phone Number

Treasurer's Email *

example@school.k12.in.us

Superintendent's Name *

First Name Last Name

Superintendent's Phone *

Area Code Phone Number

Superintendent's Email *

example@school.k12.in.us

Number of years as High Ability Coordinator *

Identification/ Potential-Based:

KG 1 2 3 4 5 6 7 8 9 10 11 12

Cognitive Ability Test (CogAT)

InView

Otis-Lennon School Ability Test (OLSAT)

Orleans Hanna Algebra Prognosis Test

PSAT

Other*

If other was selected, please list:

Identification/ Performance-Based (Achievement):

KG 1 2 3 4 5 6 7 8 9 10 11 12

Iowa Assessment

Northwest Evaluation Association (NWEA)

Stanford Achievement Test

Other*

If other was selected, please list:

Goals and Objectives:

Please provide a detailed summary of your progress towards accomplishing your district goals (including your measurable objective.) *

Describe the high ability identification procedures for elementary, middle, and high school including any additional data that is used to determine placement: *

Please provide a link to the corporation high ability identification plan:

Number of students who were granted early entrance to kindergarten:

Number of students who were permitted to grade skip:

Number of students who were permitted to subject skip:

Percentage of high ability middle school students who took high school courses for credit:

Percentage of all high ability students who took an Advanced Placement (AP) course:

Percentage of all high ability students who earned a 3, 4, or 5 on an AP exam:

Number of identified high ability students who graduated early:

Check the amount of times per week high ability students are receiving instruction in core content areas that is specifically differentiated for high ability students:

0-60 minutes 60-150 minutes 150 + minutes

K Math

1-2 Math

3-5 Math

6-8 Math*

K ELA

1-2 ELA

3-5 ELA

6-8 ELA

K Science/Social Studies

1-2 Science/Social Studies

3-5 Science/Social Studies

6-8 Science/Social Studies

Please describe the grouping mechanisms for providing differentiated instruction at each level:

K 1- 3- 6- High
2 5 8 School

Self-contained (All students in the class are designated high ability.)

Cluster Grouping (All identified students are grouped in one class; the ability range of the rest of the class is restricted.)

Between class grouping (Grade level teachers trade students for core instruction to reduce ability range in each class.)

Pull-Out (Students are pulled out to receive differentiated core instruction.)

Differentiation in the regular classroom (Students are in heterogeneous classrooms with teacher providing differentiated instruction.)

Honors (Class is comprised of identified HA students and other non-identified high achieving students)

Please describe any additional services provided for high ability individuals (e.g. mentorships, internships, academic competitions; services in additional domains such as creativity, visual and performing arts, interpersonal, and technical and practical arts):

Broad-Based Planning Committee, Number of members:

Broad-Based Planning Committee, Number of meetings during 2019-2020:

Number of faculty members with high ability license:

Number of faculty members working towards high ability license:

Itemized Budget

100 Salaries: Please include the number and type of personnel paid.

Such as:

- High Ability Coordinator Stipend
- Summer Training Stipend
- Curriculum Writing Stipend
- Academic Coach Stipend

100 Salaries:

	Expenditure Description	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

200 Employee Benefits:

Fixed Charges/Fringe Benefits should be based on actual known costs or an established formula.

Fixed charges/fringe benefits listed below are for the personnel listed under Salaries/100 and are only for the percentage devoted to the grant

- a. Social Security (up to 7.5% of Salary amount paid by grant)
- b. Group Insurance
- c. Retirement (up to 12.7% of Salary amount paid by grant)

d. Other Fixed Charges (itemized below) may include, but are not limited to: Dental, Vision, Life and LTD Insurances workman's compensation, unemployment compensation, annuities, and severances.

Please use separate entries if both certified and non-certified benefits are paid.

200 Employee Benefits:

Expenditure Description	Amount
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

300 Salaries: Professional and technical services purchased

Such as:

- Shared Inquiry Training
- STEM PD
- AP Training
- Guidance/Counseling Training
- HA coursework
- HA License Exam
- IAG Conference

300 Professional and Technical Services:

Expenditure Description	Amount
1	
2	
3	

4
5
6
7
8
9
10

400 Purchased Property Services: Services purchased to rent property used by the school corporation

400 Purchased Property Services:

Expenditure Description	Amount
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

500 Other Purchased Services: Purchased services other than professional and technical services

Such as:

- Travel Expenses

500 Other Purchased Services:

	Expenditure Description	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

600 Supplies: Itemized listing of supplies (Testing and Programmatic)

Such as:

- Novels to accompany IDOE curriculum units, K-10
- CogAT/OLSAT tests
- Math Problem Solving Books
- Affective Education Books for HA Parent Book Study
- Fees for academic competitions targeting HA learners

The entire identification grant amount must be included in this area.

600 Supplies:

	Expenditure Description	Amount
1		
2		
3		
4		
5		
6		
7		

- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

700 Property (Equipment): Itemized listing of expenditures for equipment

Such as:

- Computer Hardware
- Graphing Calculators
- Distance Learning Equipment

700 Property (Equipment):

	Expenditure Description	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

800 Other Objects: Itemized listing of goods and services that were not classified in any of the other object codes

800 Other Objects:

	Expenditure Description	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Assurances

I verify that the Total High Ability Grant Amount matches the total grant amount allocated to our district (HA Grant + HA Identification Grant). I also certify that the entire Identification Grant amount has been included in line area 600, supplies. *

Yes

Date *



Month Day Year

High Ability Coordinator/Grant Writer *

Superintendent *

Please select the identification tool(s) used at each grade level.