*This agreement is meant to clarify the goals and mission of the AIG specialist at each site. This* agreement should be a discussion between the school leadership and the AIG specialist. This report should be submitted with signatures no later than September 15th of each year.

|  |  |
| --- | --- |
| Specialist’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Administrator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | School Name: |
| Date: | DEP Meetings will be held at the following times: |
| School AIG Mission Statement: | |
| Goals for Current School Year (academic, social, emotional, learning environment, professional development, etc.): | |
| Delivery of AIG Services:  (services should be approximately 70% for identified students and 30% for nurtured students)   |  |  |  |  | | --- | --- | --- | --- | | Kindergarten | Time with Students | | Time with Teachers | | First Grade | Time with Students | | Time with Teachers | | Second Grade | Time with Students | | Time with Teachers | | Third Grade | Math Time(s) with Students | Reading Time(s) with Students | Time with Teachers | | Fourth Grade | Math Time(s) with Students | Reading Time(s) with Students | Time with Teachers | | Fifth Grade | Math Time(s) with Students | Reading Time(s) with Students | Time with Teachers |   ***\*Please attach the AIG Specialist’s Schedule as well*** | |
| The AIG Screening and Identification Team Members at this school include: | |
| AIG Progress reports will be shared with classroom teachers, administrators, and parents at these times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Are identified AIG Students clustered  (see attached form)? |
| The AIG Specialist will be located: | AIG Records will be stored: |
| PD Needs of the School Which the AIG Specialist Can Assist With | PD Needs of the AIG Specialist |
| Budget | Materials/Supplies Needed |
| Ways Specialist Will Document Growth | Academic Enrichment Responsibilities / TLCs (should be one per school) |
| Methods of Communication and Regularity of Communication with  Administration  Teachers  Parents | |

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
|  |  |  |
|  |  |  |
|  |  |  |

*AIG Classroom Teacher Status Report*

*(NC AIG Program Standards- Standard 3D: Personnel and Professional Development: (The school) places AIG students in classrooms with teachers who have met the LEA’s professional development requirements for that position or have earned an AIG add-on license.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Insert Classroom Teacher Name In Each Box** | | | | | | | | **Method of Service** |
| Math 4th Grade Identified Students’ Classrooms | Name:  # Students | AIG Licensed Certified  Neither | Name:  # Students | AIG Licensed Certified  Neither | Name:  # Students | AIG Licensed Certified  Neither | Name:  # Students | AIG Licensed Certified  Neither | * Pull Out * Push In * Combination |
| Reading 4th Grade Identified Students’ Classrooms | Name:  # Students | AIG Licensed Certified  Neither | Name:  # Students | AIG Licensed Certified  Neither | Name:  # Students | AIG Licensed Certified  Neither | Name:  # Students | AIG Licensed Certified  Neither | * Pull Out * Push In * Combination |
| Math 5th Grade Identified Students’ Classrooms | Name:  # Students | AIG Licensed Certified  Neither | Name:  # Students | AIG Licensed Certified  Neither | Name:  # Students | AIG Licensed Certified  Neither | Name:  # Students | AIG Licensed Certified  Neither | * Pull Out * Push In * Combination |
| Reading 5th Grade Identified Students’ Classrooms | Name:  # Students | AIG Licensed Certified  Neither | Name:  # Students | AIG Licensed Certified  Neither | Name:  # Students | AIG Licensed Certified  Neither | Name:  # Students | AIG Licensed Certified  Neither | * Pull Out * Push In * Combination |

Completed by : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Licensed means that*

*Clustering is typically defined in the research as 6-8 gifted students in the same classroom (Brulles, D. & Winebrenner, S., 2012 in Educational Leadership).*

*Indicate if the teacher has an AIG License on his/her teaching certificate, a Local Certificate through professional development, or neither.*

*If there are more than 4 classrooms at a grade level, please use a second copy of this form.*