Saturday Enrichment Program
for gifted learners

November 7, 14, 21 & December 5, 12
9:30 a.m.–12:30 p.m.

Fall SEP Location
St. Mary’s Catholic School
9501 Gayton Road • Richmond, VA 23229
Center for Gifted Education

Established in 1988, the Center for Gifted Education (CFGE) at William & Mary is a learning community that values and fosters the talent development process and optional functioning of high-ability individuals over their lifespan.

Saturday/Summer Enrichment Programs (SEP)

William & Mary’s fall SEP is an academically challenging program with an emphasis on inquiry-based learning for students enrolled in grades K–12. The program is not meant to supplant the regular school curriculum; rather, it recognizes the importance of allowing able youngsters to explore additional specialized areas of science, mathematics, humanities, and the arts. Course activities are compatible with the expected achievement of high-ability students at specific grade and age levels.

Behaviors fostered by this program include the ability to:

- apply process skills used in individual field of inquiry,
- recognize problems and approaches to problem solving,
- understand and appreciate individual differences, and
- become a self-directed learner.

SEP is one of the precollegiate learner program offerings at William & Mary’s Center for Gifted Education. For more information about this program and other precollegiate programs, please contact the Center for Gifted Education at (757) 221-2362.

PRECOLLEGIATE LEARNER PROGRAMS STAFF

Dr. Mihyeon Kim
  Director, Precollegiate Learner Programs
Ryan Thompson
  Program Assistant
Yi Hao
  Program Assistant

Contact Information
  Phone: (757) 221-2166/(757) 221-2362

PROGRAM TIMELINE

October 5, 2015: Course assignment decisions made; classes that do not meet the minimum enrollment requirement will be cancelled

October 12, 2015: Session schedules and information packets mailed out to families

October 30, 2015: Deadline for payment of outstanding tuition balances

November 7, 2015: Classes begin

December 12, 2015: Final class date

*No class on November 28, 2015.
Course Descriptions

Grades 2–3

CODE: 15FALL-01

BEAUTIFUL MATH
Ellen Walter

Do you enjoy leading a well-ordered life? Do you find beauty in simple, natural objects? This class will bring together art and math in a fun way. What we see as beauty in nature is sometimes simply beautiful order. While learning about patterns, symmetry, rotational symmetry, tessellations, tangrams, and fractals, we will create hands-on art projects and spend time each day in the computer lab visiting sites that correlate with our projects.

Grades 2–5

CODE: 15FALL-02

CHESS: WINNING STRATEGIES
Brian Garbera

Develop openings that set up an aggressive line of attack. Gain the advantage with sound tactics in the middle game using pins, forks, and skewers that win material or gain a favorable position. Play the endgame finding checkmate patterns that put your opponent on the run. Focus on visualization, deductive and inductive reasoning, and abstract analysis with challenging puzzles of the day.

Grades 3–5

CODE: 15FALL-03

CSI: SUPER SLEUTH
Deanna Marroletti

Calling all future detectives! We are hot on the trail of some slippery criminals. Your crime-solving skills are needed! Analyze fingerprints, study shoe impressions, decipher handwriting, match fibers, authenticate a ransom note, and create a timeline of events based on witness accounts. It will take a team of great minds to get to the bottom of these mysteries. Are you up for the challenge?

Grades 4–6

CODE: 15FALL-04

LEGO ROBOTICS I
Pennie Brown

Always wonder how things work? In this course, class participants will explore the ever-changing world of robotics. Using the new NXT robots, students will have the rare opportunity to build, program, and test the function of various robots. Students will explore ways to program robots to accomplish given tasks and be there to watch it happen. These aspiring scientists will use problem-solving and critical thinking strategies to take their basic knowledge to new levels. The final products are amazing! Your personal creativity is the only limit.

CODE: 15FALL-05

LEARN TO PROGRAM
Bonnie Adams

Students will learn the basics of programming through a variety of game-based tutorial programs such as Blockly, Scratch, Code Monkey, and others. As students move from game-based to real-life text-based tutorials, they will learn to create and program their own web pages. No previous coding experience is necessary.
Program Information

**Tuition:** The tuition fee is $350 per course. A deposit of $50 must accompany the application packet. Deposits will only be refunded if a course is cancelled.

**Minimum course enrollment:** Approximately one month prior to the start of the session, the program staff will review course enrollment to ensure classes have met the minimum enrollment requirement. Courses that do not meet the minimum enrollment number of eight participants will be cancelled.

**Class placement and size:** Class size will be limited to a maximum of 16 participants (with rare exceptions) to provide an optimal learning environment. Program staff will not process a participant’s application until all required forms and the tuition deposit have been received. Class assignments will be made once a complete application is received. If a student has selected a course that has already reached its maximum capacity, or has been cancelled due to low enrollment, the student will be assigned to his or her second or third choice. If no alternate courses have been identified, a staff member will contact the student’s parent/guardian to discuss available options.

**Course withdrawals:** Request to withdraw from a course must be made in writing prior to the start of the session. Tuition refunds will be provided for payments made minus the deposit. Refunds will not be provided for withdrawals occurring after the start of the session.

**Dropping off and pick up:** Students must be escorted to and from their classroom. Parents are asked to drop off and pick up their child(ren) from designated classrooms within 10 minutes of the start/end of the scheduled class time and to refrain from sitting in vacant classrooms, hallways, and stairwells. Anyone arriving to pick up a child, including the parent or guardian, will need to furnish a government-issued photo ID. This is a requirement at each pick up regardless of whether or not the individual has previously picked up the child.

**Permission for emergency medical treatment:** For the safety of your child, parents/guardians must provide an individual health form for each program participant. A new form should be completed with each application packet even if the child has participated in SEP before. Applications will not be processed unless accompanied by a completed and signed health form.

**Medication:** Program staff may not administer any medication to students except for emergency use of an EpiPen for students with extreme allergies. If a child requires medication during program hours, a parent must be on site to administer it.

**Faculty:** Courses are taught by a variety of talented instructors, including teachers of gifted and talented learners, graduate students, faculty of William & Mary, and content-area professionals.

**Discipline policy:** The expectation is that students will take responsibility for their own behavior and act appropriately during class to foster a positive learning environment for all students. If a student becomes disruptive, a warning will be issued to the student and parent/guardian on the day of the infraction. If the inappropriate behavior recurs in a second session, the child will be removed from class and may be removed from the program. If a child is removed from the program due to inappropriate behavior, a refund will not be provided.

**Lost and found:** Personal items that are inadvertently left behind by students will be kept at the Center for Gifted Education for 30 days following the conclusion of the session. After this time, they will be donated to charity or disposed of.
Admission Requirements

Returning Participants

Completed program application form and all required documentation.

New Applicants

1. Test scores

Students who have scored in the upper 5th percentile (95th percentile or above) on a nationally normed aptitude or achievement test are eligible. Application test scores at the 95th percentile or better must be in at least one of the following areas: reading comprehension, vocabulary, language total, math total, math concepts, math problem-solving, science, social studies, or the composite. Contact your child’s school to determine if it has participated in a qualified test and if the scores may be made available to you.

If documented test scores are not available for your child, please call (757) 221-6198 to schedule a screening appointment. Assessment are conducted on Saturdays at the Center’s main office (301 Monticello Ave., Williamsburg, VA 23185). Screening is conducted by appointment only and should be scheduled at least 3 weeks prior to the start of the program session to ensure results are available prior to the start of classes. Parents/guardians are responsible for the screening cost, which is due at the time of testing.

2. Recommendations

For new applicants, a recommendation from a teacher, principal, or counselor must be included with the application packet.

3. Completed program application form and all required documentation.

Examples of Accepted Nationally Normed Tests

Please contact the Center for Gifted Education at (757) 221-2362 for other accepted tests and questions.

<table>
<thead>
<tr>
<th>American Test Norms (ATN)</th>
<th>Differential Ability Scales (DAS)</th>
<th>Metropolitan Achievement Tests</th>
<th>SRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brigance Basic Skills (Pre-K)</td>
<td>Differential Aptitude Tests (DAT)</td>
<td>Metropolitan Readiness Test</td>
<td>Stanford Achievement Test</td>
</tr>
<tr>
<td>California Achievement Tests</td>
<td>Iowa Tests of Basic Skills (ITBS)</td>
<td>Naglieri Nonverbal Ability Test</td>
<td>Stanford-Binet Intelligence Scale</td>
</tr>
<tr>
<td>Cognitive Abilities Test</td>
<td>Kaufman Assessment Battery</td>
<td>National Tests of Basic Skills</td>
<td>Terra Nova (CTBS)</td>
</tr>
<tr>
<td>Cognitive Assessment System (CAS)</td>
<td>Kaufman Brief Intelligence Test (K-BIT)</td>
<td>Otis-Lennon</td>
<td>Test of Language Development</td>
</tr>
<tr>
<td>Columbia Mental Maturity Test</td>
<td>Kaufman Test of Educational Achievement (K-TEA)</td>
<td>Peabody Individual Assessment Test</td>
<td>Universal Nonverbal Intelligence Test (UNIT)</td>
</tr>
<tr>
<td>Comprehensive Inventory Basic Skills (CIBS)</td>
<td>KeyMath</td>
<td>Ravens Progressive Matrices</td>
<td>Wechsler Intelligence Scale for Children (over age 6)</td>
</tr>
<tr>
<td>Comprehensive Test of Basic Skills (CTBS)</td>
<td>Kuhlmann-Anderson Measure of Academic Potential</td>
<td>Screening Assessment for Gifted Elementary and Middle School Students (SAGES-2)</td>
<td>Wechsler Preschool and Primary Scale of Intelligence Test (WPPSI-III) (under age 6)</td>
</tr>
<tr>
<td>Comprehensive Testing Power (CTP)</td>
<td>Leiter International Performance Scale</td>
<td>SAT</td>
<td>Wide Range Achievement Test</td>
</tr>
<tr>
<td>Degrees of Reading Power (DRP)</td>
<td>Matrix Analogies Test (MAT)</td>
<td>Slosson Intelligence Test (SIT)</td>
<td></td>
</tr>
</tbody>
</table>
SEP APPLICATION FORM

November 7, 14, 21 & December 5, 12; Richmond, VA

Student’s Name: __________________________________________________________

Last

First

M.I.

Date of Birth (mm/dd/yy) Race (For statistical purposes only) Gender (M/F) Student’s Grade (In fall 2015)

Student’s Age Home Phone # Parent’s E-Mail Address

Number/Street City State Zip Code

School Name and Address: ____________________________________________________

School Division or District Name: ____________________________________________

Private  Public

• Has the student previously attended SEP?  _Yes  _No  If yes, when:______________

• Has the student been formally identified for a school-based gifted program?  _Yes  _No

If the student has not previously attended, how did you hear about SEP? ______________

Help another child attend SEP by giving a tax deductible donation to support scholarships for families in need. If you are interested, please send a separate check for the amount of your donation made payable to William & Mary. Include the account number 2552 in the memo section.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>First choice</td>
<td>15FALL-______</td>
</tr>
<tr>
<td>Second choice</td>
<td>15FALL-______</td>
</tr>
<tr>
<td>Third choice</td>
<td>15FALL-______</td>
</tr>
</tbody>
</table>

• Please indicate if you are currently involved at William & Mary as a  _faculty member  _staff member  _student

• Please indicate if you are enrolling a second child: _second sibling discount

• Do you wish to be considered for a partial need-based scholarship?  _Yes  _No

If so, please include a copy of your most recent, signed federal tax return. Requests will not be considered without this documentation.

Signature: __________________________________________ Date: ________________

Application Packet Checklist:

—$50 Deposit; please make check payable to William & Mary
—Student health form
—Copy of medical insurance card
—Picking up form
—Interview and photograph release form

For First Time Applications (in addition to above items)
—Copy of test scores
—Student recommendation form

Please submit the completed application packet by October 5, 2015. At the time, we will make final class assignment decisions and spaces may be cancelled due to low enrollment.

Please send all application materials to: Office of Gifted Education, SEP, William & Mary, P.O. Box 8793, Williamsburg, VA 23187-8793

OFFICE USE ONLY

Packet Received: ___________ Check/MO #: ___________ Check/MO Date: ___________

Amount $ _________ Enter: ___________
SEP HEALTH FORM
November 7, 14, 21 & December 5, 12; Richmond, VA

Student's Name:_________________________________________ Last          First          M.I.

Parent/Guardian Name:_________________________________________ Last          First          M.I.

Relationship to Student: ______________________________ Work Phone #: ______________________________ Cell #: ______________________________

Parent/Guardian Name:_________________________________________ Last          First          M.I.

Relationship to Student: ______________________________ Work Phone #: ______________________________ Cell #: ______________________________

In case of emergency, please notify (if different from above):

Last: ______________________________ First: ______________________________ M.I.: ______________________________

Relationship to Student: ______________________________ Phone #: ______________________________

Student's Medical Details

Does your child have any special needs? __Yes __No If yes, please specify: ____________________________________________________________________________

Current medication(s) and reason(s): _______________________________________________________________________

Allergies: ___________________________________________ Date of Last Tetanus/Diphtheria: ______________________________

Family Physician: ______________________________ Phone: ______________________________

Family Dentist: ______________________________ Phone: ______________________________

Health Insurance Provider/Subscriber’s Name: ______________________________ Policy Number: ______________________________

Please attach a copy of your medical insurance card

Is there any further information that may have impact on the student’s participation in SEP or on the provision of medical care to him or her in the event of an accident? (Include any special dietary restrictions, chronic health conditions, or learning disabilities.) Attach a separate page if necessary.

______________________________________________________________________________________________

I give permission to the attending physician to hospitalize and secure treatment for my son/daughter/ward as a minor in the case of a surgical, medical, or psychiatric emergency, or any necessary medical treatment, provided the physician is unable to contact me reasonably soon, and according to his or her best professional judgment if further delay would in fact jeopardize the patient’s health or life.

Signature: ___________________________________________ Date: ______________________________
SEP PICK-UP FORM
November 7, 14, 21 & December 5, 12; Richmond, VA
Please complete a separate form for each child.

A parent or guardian must complete this form. List below the person(s) allowed to pick up your child from class. Your child's teacher will only release your child(ren) to an individual listed below. Anyone picking up your child, including yourself, will need to provide a government-issued photo ID as proof of identity each time he or she picks up the child.

I give permission for the following individual(s) to pick up my child from the Saturday/Summer Enrichment Programs. I understand that a government-issued photo ID will be required as proof of identity. I also understand that my child will not be released to any individual(s) not on this list or who are unable to provide proof of identity.

Please print or type names clearly. Be sure to include your own name as well as the names of others authorized to pick up your child. If you need to make changes at a later date, please submit an amended list.

__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Parent/Guardian Name (please print): __________________________________________________________

Parent/Guardian Signature: ________________________________________________________________

Child's Name: ___________________________ Date: ________________________________

Optional
Parent Release Form
Allowing students in grade 7 or higher to walk unattended to the parking lot.

Use the pickup form above if you want your seventh-grade or older child to be picked up from the classroom. If, instead, you prefer to give permission that allows him or her to walk to the parking lot unescorted, you must complete and sign this optional section:

I give permission for _______________________________ to leave the classroom and walk

(Student's Name)

unescorted to the parking lot. I will not hold the class instructor, the Saturday/Summer Enrichment Programs, the Center for Gifted Education, or William & Mary responsible in any way for my child's welfare after he or she departs from the classroom.

Parent/Guardian Name (please print): __________________________________________________________

Parent/Guardian Signature: ________________________________________________________________

Child's Name: ___________________________ Date: ________________________________
SEP PERMISSION TO INTERVIEW AND PHOTOGRAPH FORM
November 7, 14, 21 & December 5, 12; Richmond, VA

The Center for Gifted Education at William & Mary is constantly striving to have the wonderful projects and experiences students take part in during our programs recognized. To this end, we routinely work with reporters from local news outlets on program publicity. We plan to invite members of the media to visit and engage with the students at some point during the program. We ask your permission as the student’s parent or guardian to interview and take photographs of your child for possible inclusion in press materials. Please indicate your willingness to have your child interviewed and/or photographed by selecting the appropriate statement below.

______ I am willing to have my child interviewed and/or photographed and to have his or her name included in the local newspaper, text of a William & Mary press release, or photograph caption.

______ I am willing to have my child interviewed and to have his or her name included in the local newspaper or text of a William & Mary press release.

______ I am willing to have my child photographed and to have his or her name included in the local newspaper, text of a William & Mary press release, or photograph caption.

______ I prefer that my child not be interviewed or photographed.

_____________________________ ________________________________
Child’s Name: Date:

_____________________________
Parent’s Name:

_____________________________
Parent’s Signature:

Please note that until the time of publication, we are unaware of which class(es) and/or students will be included in press materials.
STUDENT RECOMMENDATION FORM

Saturday/Summer Enrichment Programs
William & Mary
Center for Gifted Education
P.O. Box 8795
Williamsburg, VA 23187-8795
Telephone: 757-221-2458 Fax: 757-221-2184

Parent/Guardian: Please complete Section A, and then give this form to your child’s principal, guidance counselor, gifted program coordinator, or teacher. Letters of recommendation should be mailed or e-mailed directly to the Center for Gifted Education.

Section A
Name of Applicant: ____________________________________________

Last First M.I.

Principal, guidance counselor, gifted program coordinator, or teacher: Please complete this form and either mail it to the above address or send it via e-mail to sep@wm.edu.

Section B
Recommender’s Name: _________________________________________

Last First M.I.

School Name: ___________________________________________

Position: _______________________________________________

School Address: __________________________________________

City State Zip Phone: ______________________________________

1. Number of years acquainted with student: __ 0-1 year __ 1-2 years __ 2-3 years __ 3-4 years __ 5+ years

2. What is your relationship to the applicant? __________________________

3. Please rate this student in the following categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Very Superior</th>
<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual curiosity</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Demonstrated academic ability</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Academic potential</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Problem-solving ability</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Study and organizational skills</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Verbal reasoning ability</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Mathematical reasoning ability</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

4. Please characterize the level at which the student is currently working:

__ at grade level  __ 1 grade above  __ 2+ grades above  __ Don’t know

5. Rank the student’s likelihood of success in a high-ability enrichment program:

__ very likely  __ likely  __ somewhat likely  __ unlikely  __ very unlikely

Comments:

__________________________________________________________________________

__________________________________________________________________________

If you would like to include additional comments, please use the back of this form.

Signature of Recommender: ____________________________________________ Date: ____________________