

HISD

Gifted and Talented

REVOLUTIONIZING
THE WAY WE THINK

Gifted and Talented

Parent HISD Connect Toolkit for GT

Gifted and Talented Department

Tia Locke Simmons

Gifted and Talented Director

Raquel Martinez

Sr. Administrative Assistant

Eva Terri Garcia

G/T Specialist

Cecily Hale

Professional Learning Specialist

Angela Isart

G/T Specialist

Kimberly Lewis

G/T Specialist

Renee Ricca

Senior G/T Specialist

Melanie White

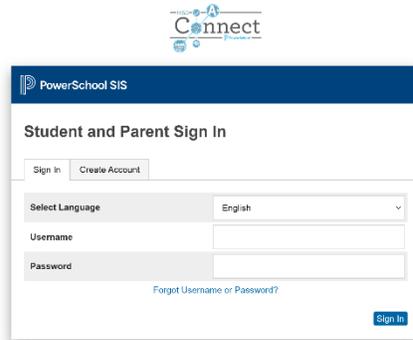
Senior G/T Specialist

Table of Contents

How to access HISD Parent Connect.....	4
Request for G/T Evaluation Entering Kinder.....	6
Request for G/T Evaluation K-12.....	11
Furlough.....	14

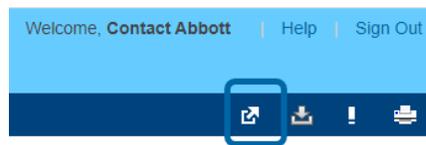
How to Login to HISD Connect

Open your Chrome browser and navigate to <https://hisdconnect.houstonisd.org/public/>



The image shows the PowerSchool SIS login page. At the top, it says "PowerSchool SIS" and "Connect". Below that is a "Student and Parent Sign In" section. There are two tabs: "Sign In" (selected) and "Create Account". A "Select Language" dropdown menu is set to "English". Below that are input fields for "Username" and "Password". A link for "Forgot Username or Password?" is located below the password field. A "Sign In" button is at the bottom right.

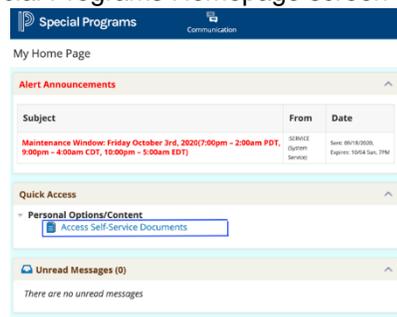
Select the application launch icon



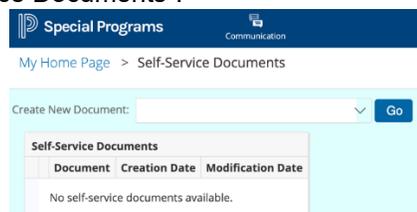
1. Select Special Programs Home



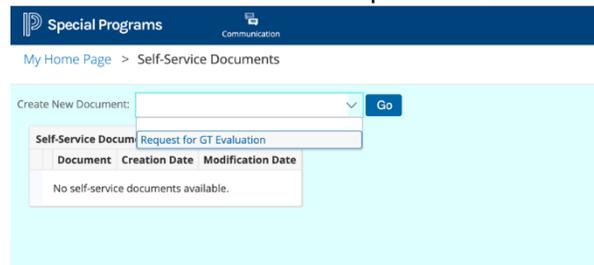
2. That will take you to the Special Programs Homepage screen (as shown below).



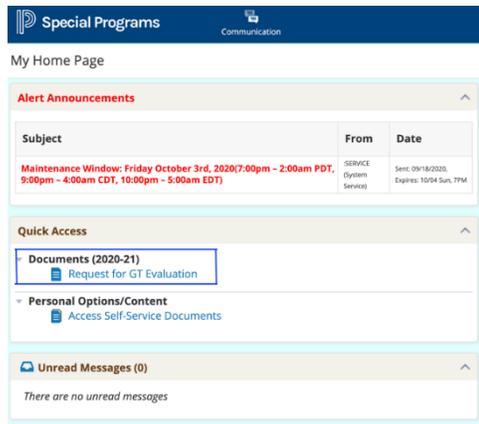
3. Click on "Access Self-Service Documents".



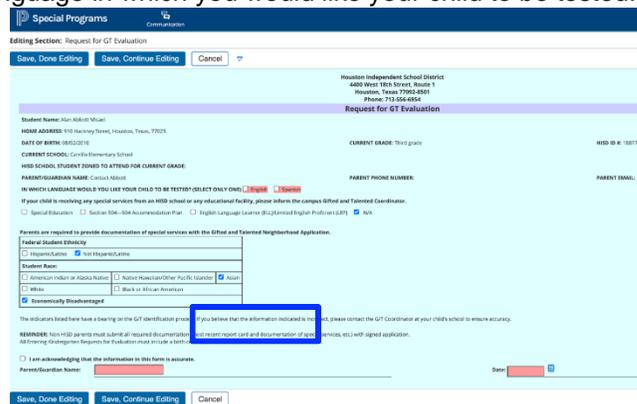
- Click on “Create New Document” -> Select “Request for GT Evaluation” -> Click “Go”



- The “Request for GT Evaluation” document has now been created and it is placed on the Homepage.

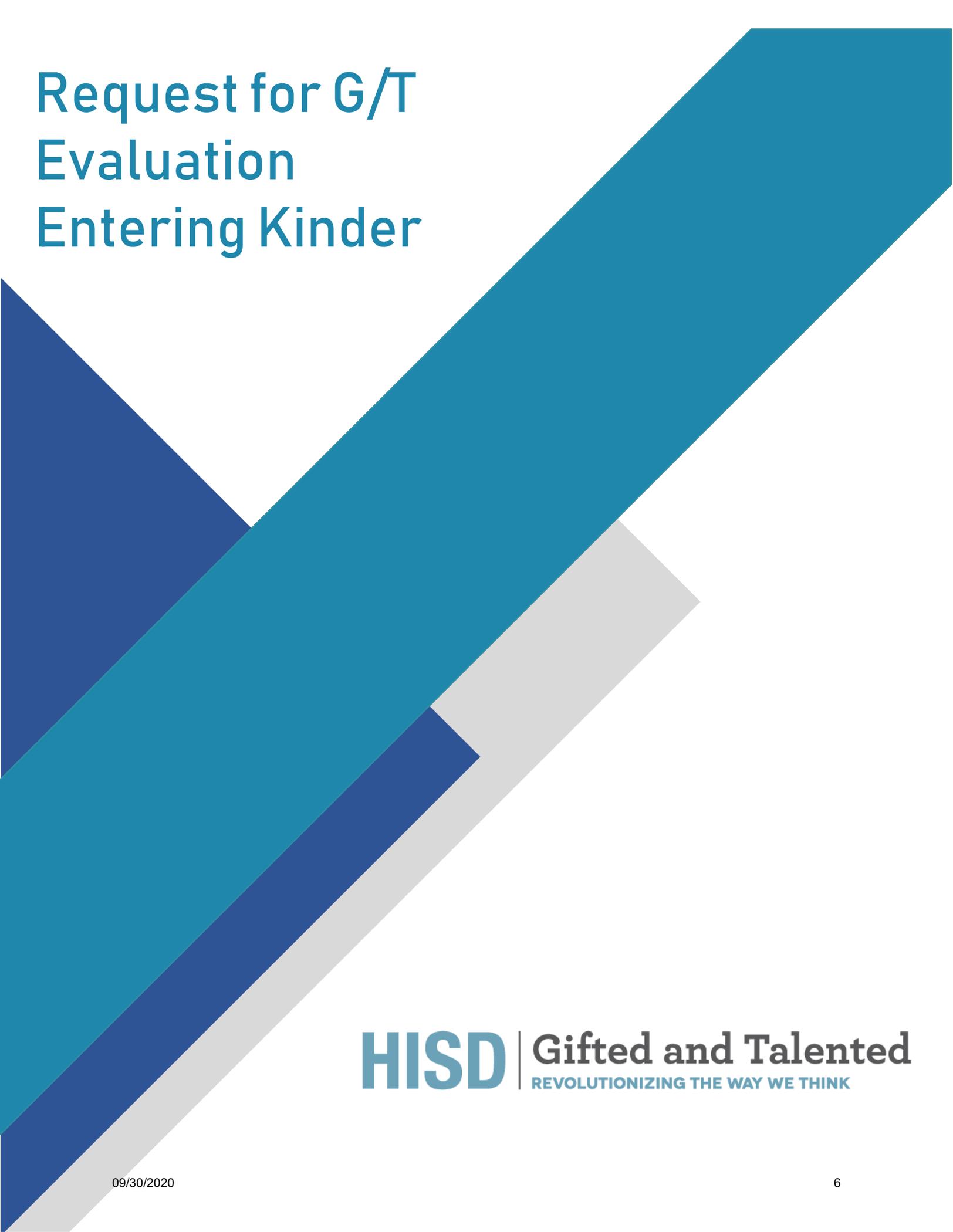


- Click on “Request for GT Evaluation”. Please verify all the information on the form is accurate. You must select the language in which you would like your child to be tested.



- You must acknowledge that all the information on the form is accurate. Fill in your name and Date.
- Click Save, Done Editing.
- Notify your GT Coordinator about the request being submitted.



The page features several large, overlapping geometric shapes in shades of blue and grey. A large teal shape starts from the top right and extends towards the center. A darker blue shape is on the left side. A light grey shape is at the bottom left. The text is positioned in the upper left area.

Request for G/T Evaluation Entering Kinder

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HISD Request for G/T Evaluation Entering Kinder Process – HISD Connect

- **Purpose of Form:** The parent will fill out this form to submit a request for GT Evaluation for EK students.
- **HISD Connect access point of form:** Documents Icon (under student profile).
- **When is the form is necessary?** This form is required for all students requesting a GT evaluation.
- **Who initiates the form?** Parent
- **Who has editing rights to the form?** Parent
- **Are signatures required (electronic or ink)?** Yes, by the parent.
- **Are attachments or uploads necessary?** Yes
- **Is district approval is required?** No
- **Are parents able to access the form or have viewing rights only?** Yes
- **Will form need access point for uploading into the HISD Connect?** Yes.

HISD Request for G/T Evaluation Entering Kinder Flowchart- HISD Connect



HISD Request for G/T Evaluation Entering Kinder Action Steps- HISD Connect

This form is initiated by the parent.

1. Use the Quick Search to search for the student.
2. Click on the Document Icon by the student's name.

	ID	Last Name	First Name
 	STUDENT1	Student	Kelly

3. Under Create New Document, Select Request for GT Evaluation and click Go and then Select New on the Pop Up.



4. Verify the student's pre-populated demographic information. And complete the required fields i.e. fields highlighted pink.

Request for GT Evaluation

Student Name: Edward Student

HOME ADDRESS: 123 Any St, Some City, Texas, 01234.

DATE OF BIRTH: 08/11/2016 **CURRENT GRADE:** Entering Kindergarten **HISD ID #:** STUDENT0

CURRENT SCHOOL: A B Duncan El

HISD SCHOOL STUDENT ZONED TO ATTEND FOR CURRENT GRADE:

PARENT/GUARDIAN NAME: John Doe **PARENT PHONE NUMBER:** **PARENT EMAIL:**

IN WHICH LANGUAGE WOULD YOU LIKE YOUR CHILD TO BE TESTED? (SELECT ONLY ONE) English Spanish

If your child is receiving any special services from an HISD school or any educational facility, please inform the campus Gifted and Talented Coordinator.

Special Education Section 504—504 Accommodation Plan English Language Learner (ELL)/Limited English Proficient (LEP) N/A

Parents are required to provide documentation of special services with the Gifted and Talented Neighborhood Application.

Federal Student Ethnicity	
<input type="checkbox"/> Hispanic/Latino	<input checked="" type="checkbox"/> Not Hispanic/Latino
Student Race:	
<input checked="" type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Economically Disadvantaged	

The indicators listed here have a bearing on the G/T identification process. If you believe that the information indicated is incorrect, please contact the G/T Coordinator at your child's school to ensure accuracy.

REMINDER: Non HISD parents must submit all required documentation (most recent report card and documentation of special services, etc.) with signed application. All Entering Kindergarten Requests for Evaluation must include a birth certificate for the student and a Parent Recommendation.

I am acknowledging that the information in this form is accurate.

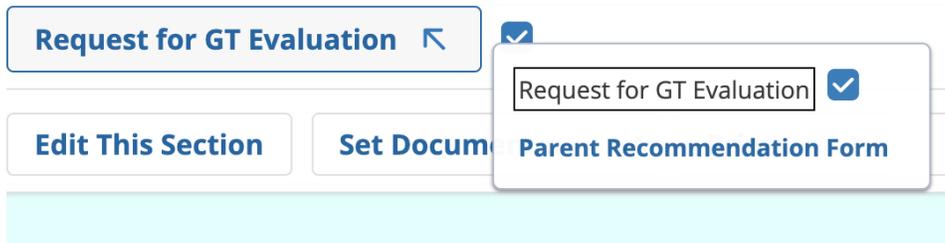
Parent/Guardian Name: **Date:** 

Be sure to indicate in which language would you like your child to be tested.

IN WHICH LANGUAGE WOULD YOU LIKE YOUR CHILD TO BE TESTED? (SELECT ONLY ONE) English Spanish

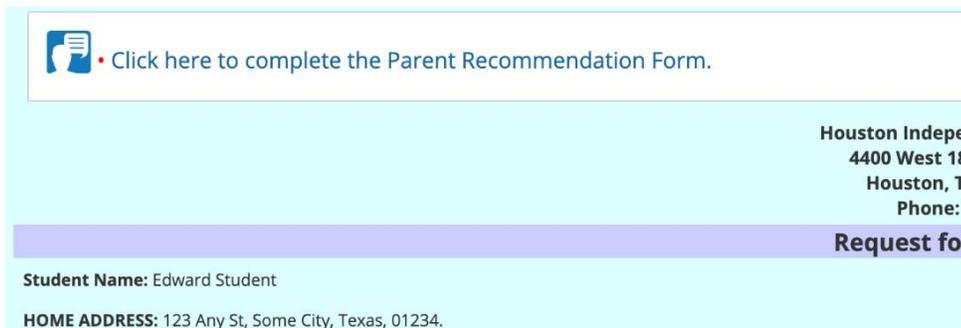
5. The parent must sign the form by checking “I am acknowledging ...” checkbox and entering Parent Name.
6. Click Save, Done Editing.
7. For EK students, Parent Recommendation form is automatically added as a separate required section in this document.

8. To access Parent Recommendation Form, there are 2 ways:
- Click on the pop out menu at the top right hand corner:



OR

- After the Request for GT Evaluation section has been filled out and Saved, you will see a prompt “Click here to complete the Parent Recommendation Form.”



Steps on how to access and complete Parent Recommendation Form

- Checkmark (or select) the word that best indicates the degree to which the student exhibits the characteristics for each statement.

Evidence of Possible Giftedness: Please select the word that best indicates the degree to which the student exhibits the following characteristics in relation to students of similar age and ability. Save, Done, Editing

GENERAL INTELLECTUAL ABILITY	
Shows a preference for complex tasks and the "why" of things	<input type="checkbox"/> Rarely <input type="checkbox"/> Less than half the time <input checked="" type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> Consistently most of the time
Has knowledge and vocabulary unusual for age or grade; has fluent verbal ability	<input type="checkbox"/> Rarely <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> Consistently most of the time
Demonstrates abstract and critical thinking ability, an ability to think things out, to think things logically or analytically	<input type="checkbox"/> Rarely <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> Consistently most of the time
Is a keen and alert observer; often "sees more" in a learning situation than others; may show evidence of long, detailed memory	<input type="checkbox"/> Rarely <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> Consistently most of the time
Shows an interest in problem solving and is flexible and resourceful in problem solving	<input type="checkbox"/> Rarely <input type="checkbox"/> Less than half the time <input type="checkbox"/> About half the time <input type="checkbox"/> More than half the time <input type="checkbox"/> Consistently most of the time

- Select Save, Done Editing.

3. Click on “More..” -> Send Message With Document -> Select the GT Coordinator’s name. You must Type a Message in the Body of the Document, and you must Select Send.

4. Parent must attach their child's birth certificate at the bottom of the message by clicking on Select under Attachments, next set Document Status from Draft to Final. To do that, click on “Set Document...” -> “Status from Draft to Final” click Accept and Click OK.

5. Send a Notification Message to the GT Coordinator. Click Accept.

Request for G/T Evaluation (K-12)

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HISD Request for G/T Evaluation K-12 Process – HISD Connect

- **Purpose of Form:** The parent will fill out this form to submit a request for GT Evaluation for K-12th students.
- **HISD Connect access point of form:** Documents Icon (under student profile).
- **When is the form is necessary?** This form is required for all students requesting a GT evaluation.
- **Who initiates the form?** Parent
- **Who has editing rights to the form?** Parent
- **Are signatures required (electronic or ink)?** Yes, by the parent
- **Are attachments or uploads necessary?** No
- **Is district approval is required?** No
- **Are parents able to access the form or have viewing rights only?** Yes
- **Will form need access point for uploading into the HISD Connect?** Yes, the score will need to be transferred to the K-12 Matrix.

HISD Request for G/T Evaluation K-12 Flowchart- HISD Connect



HISD Request for G/T Evaluation K-12 Action Steps- HISD Connect

1. Use the Quick Search to search for the student.
2. Click on the Document Icon by the student's name.

	ID	Last Name	First Name
 	STUDENT1	Student	Kelly

3. Under Create New Document, Select Request for GT Evaluation and click Go and then Select New on the Pop Up.

Documents for Kelly Student (STUDENT1)

Create New Document: (Select...) Go

Gifted

Documents for 20	Date	Finaliz
Request for GT Evaluation		
Teacher Recommendation Form		
GT Identification Matrix (Pre-K/Elementary K-5)		

4. Verify the student's pre-populated demographic information. And complete the required fields i.e. fields highlighted pink.

Phone: 713-558-8954

Request for GT Evaluation

Student Name: Kelly Student

HOME ADDRESS: 123 Any St, Some City, Texas, 01234.

DATE OF BIRTH: 06/18/2007

CURRENT GRADE: Eighth grade

HISD ID #: STUDENT1

CURRENT SCHOOL: A P Solis Middle

HISD SCHOOL STUDENT ZONED TO ATTEND FOR CURRENT GRADE:

PARENT/GUARDIAN NAME: Jenny Smith

PARENT PHONE NUMBER:

PARENT EMAIL:

IN WHICH LANGUAGE WOULD YOU LIKE YOUR CHILD TO BE TESTED? (SELECT ONLY ONE) English Spanish

If your child is receiving any special services from an HISD school or any educational facility, please inform the campus Gifted and Talented Coordinator.

Special Education Section 504—504 Accommodation Plan English Language Learner (ELL)/Limited English Proficient (LEP) N/A

Parents are required to provide documentation of special services with the Gifted and Talented Neighborhood Application.

Federal Student Ethnicity

Hispanic/Latino Not Hispanic/Latino

Student Race:

American Indian or Alaska Native Native Hawaiian/Other Pacific Islander Asian

White Black or African American

Economically Disadvantaged

Be sure to indicate in which language would you like your child to be tested.

IN WHICH LANGUAGE WOULD YOU LIKE YOUR CHILD TO BE TESTED? (SELECT ONLY ONE) English Spanish

5. The parent must sign the form by checking “I am acknowledging ...” checkbox and entering Parent Name.
6. Select Save, Done Editing.
7. Click on “Set Document...” -> “Status from Draft to Final”.

Set Document Status: Request for GT Evaluation for Kelly Student (STUDENT1)

Change status from **Draft** to Final

Comments (optional)

User IDs:  Look up: Staff User ID  My Messaging Groups

Send a Notification Message To

Accept Cancel

8. Send a Notification Message to the GT Coordinator.
9. Click Accept

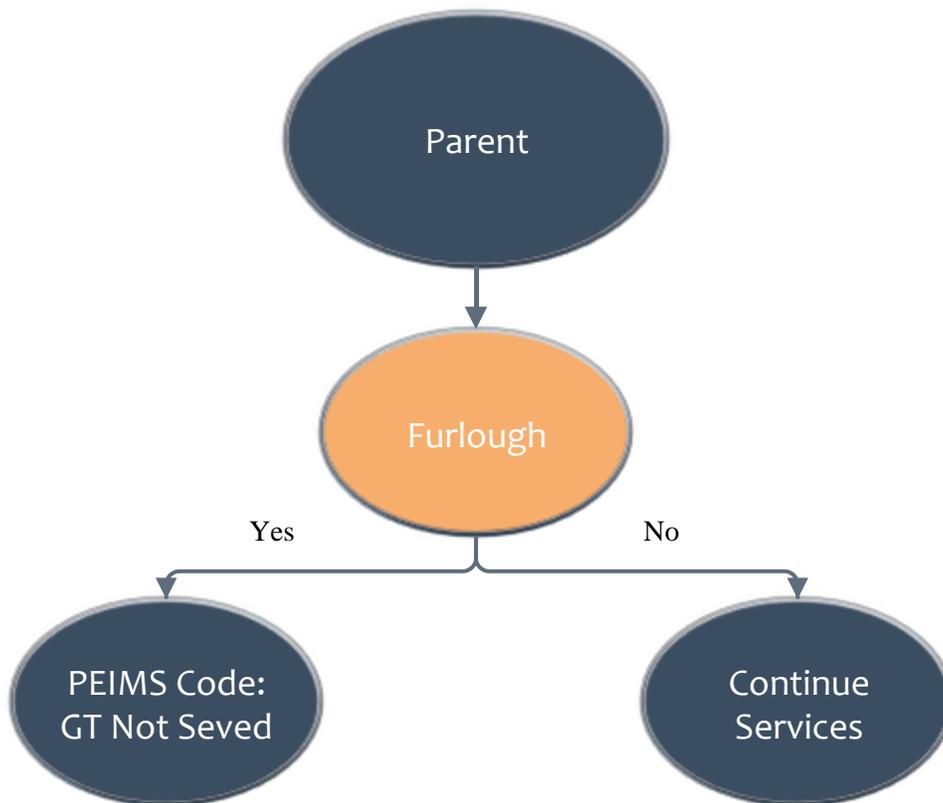
Furlough

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HISD Furlough Process – HISD Connect

- **Purpose of Form** is for a gifted and talented furlough is required in order for the student to retain his/her GT identification in HISD if his/her absence will not exceed one school year.
- **HISD Connect access point of form:** Documents Icon (under student profile).
- **Who initiates the form?** Parent
- **Who has editing rights to the form?** G/T Coordinator and G/T Teacher.
- **Are signatures required (electronic or ink)?** Yes
- **Are attachments or uploads necessary?** Yes, if necessary.
- **Is district approval is required?** Yes.
- **Are parents able to access the form or have viewing rights only?** Parent will have viewing rights only.
- **Will form need access point for uploading into the HISD Connect?** Yes.

HISD Furlough Flowchart- HISD Connect



HISD Furlough Action Steps- HISD Connect

1. Verify the prepopulated Student Demographic Information.
2. Select Reason for Requesting Furlough:

Houston Independent School District
4400 West 18th Street, Route 1
Houston, Texas 77092-8501
Phone: 713-556-6954

FURLOUGH REQUEST FOR GIFTED AND TALENTED PROGRAMS

Furloughs are considered on an individual basis for students currently identified as Gifted and Talented (G/T) in HISD. The purpose of a gifted and talented furlough is for the student to retain his/her G/T identification only. The gifted and talented furlough does not guarantee the student a seat at an HISD school to which he/she is not zoned to attend.

Parents: please return completed form to the campus' Gifted and Talented Coordinator

STUDENT'S NAME: Jordan Abarca
 DATE OF BIRTH: 04/24/2006 CURRENT GRADE: Eighth grade HISD I.D. #: 1666272
 SCHOOL CURRENTLY ATTENDING: Baylor College of Medicine Academy at Ryan
 PARENT/GUARDIAN'S NAME:
 PARENT/GUARDIAN'S CONTACT NUMBER: (Home)
 REASON FOR REQUESTING FURLOUGH (ATTACH SUPPORTING DOCUMENTATION): (none) 
 EFFECTIVE DATES OF FURLOUGH:  TO 

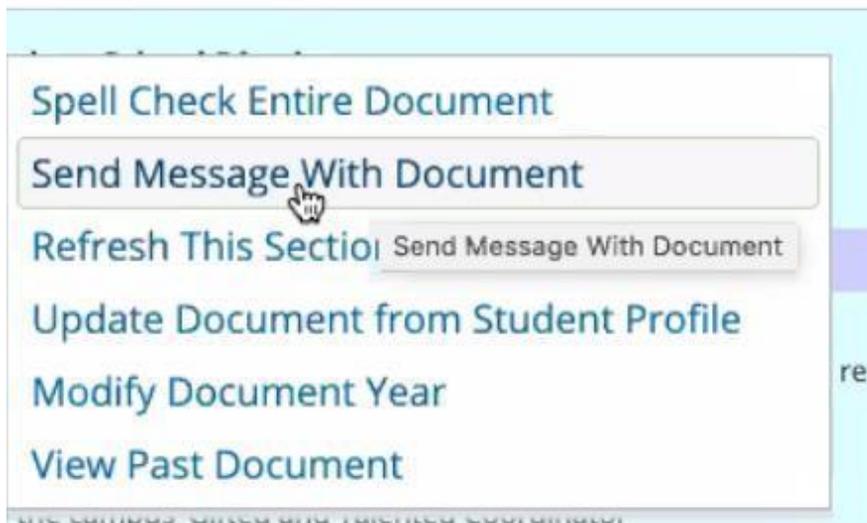
3. Select Effective Dates of Furlough (Furlough Start Date and End Date). End Date cannot be past 364 days from the Start Date.
4. Obtain Signatures

EFFECTIVE DATES OF FURLOUGH:  TO 

I certify all the information given is true and accurate to the best of my knowledge. If a furlough is granted based on false information, it is subject to revocation. The maximum time allowed is one year after the furlough is granted. If the student does not enroll in an HISD Gifted and Talented program at the end of the furlough timeline, he/she will lose G/T identification and will need to reapply at a later date.

PARENT/GUARDIAN'S NAME (PLEASE PRINT): _____
 PARENT/GUARDIAN'S SIGNATURE: _____ DATE: 
 G/T COORDINATOR'S SIGNATURE: (ID) lookup DATE: 
 PRINCIPAL'S SIGNATURE: (ID) lookup DATE: 

5. Click on Save Continue Editing or Save Done Editing.
6. After completing – Click “MORE...” then Send Message with Document to Notify Principal



High Importance

To SAMPLEPRIN (Pete Principal) x

Staff below are referenced in document. Click any to include in message:
GTDirector Name: 00112235 (Mark Baader) **GTCoordinator Name:** CATHY00 (Cathy Coordinator)
Principal Name: SAMPLEPRIN (Pete Principal)

Subject Furlough Request for Gifted and Talented Programs for Jordan Abarca (1666272) [Show Cc & Bcc](#)

Link Furlough Request for Gifted and Talented Programs

Body

Submi|

7. Provide parent with a copy of the completed form.

Steps for Principal to approve the Furlough Request

8. ONLY Principals will see the “Approved” checkbox. Principal must check the **Approved** Box to approve the Furlough Request.

PARENT/GUARDIAN'S NAME (PLEASE PRINT):		
PARENT/GUARDIAN'S SIGNATURE:		DATE: <input type="text"/>
G/T COORDINATOR'S SIGNATURE:	CATHY00 (Coordinator,Cathy) (ID) lookup	DATE: 08/17/2020
PRINCIPAL'S SIGNATURE:	SAMPLEPRIN (Principal,Pete) (ID) lookup <input checked="" type="checkbox"/> Approved	DATE: 08/17/2020

9. Principal will send it back to the Coordinator to finalize the document.

10. Once finalized, verify PEIMS coding to GT Not Served in the Student Profile.

Gifted Exit Date: 08/17/2020
Gifted Exit Reason: Furlough
Qualified, Not Served:
G/T Funding Indicator: