

GIFTED AND TALENTED RESEARCH PROGRAM

INDEPENDENT RESEARCH APPLICATION PACKET



River Hill High School
Ms Mary Jane Sasser
msasser@hcpss.org

Applications

will be accepted starting January 2.
Deadline Tuesday, January 15, 2019

Turn into Room 141

Dear Students:

Thank you for your interest in the G/T Independent Research Program. By picking up this application, you are already distinguishing yourself with the opportunity to conduct college-level research in an area of your interest. If you have the commitment to complete a task, an above average ability in your interest area, and creativity, you can excel in the G/T Research Program!

While enrolled in the Independent Research course, students design an original research study or creative production in self-selected areas of interest. Students learn advanced-level research methodologies and college-level writing and oral presentation skills. Under the guidance of the G/T Resource Teacher, each student identifies a problem and formulates a research question. Student researchers address identified problems, answer research questions, and communicate the results of their creative achievements to appropriate audiences. Students collaborate and receive ongoing feedback from project advisors in their selected areas of study.

I will use this application and teacher recommendations when considering students for this program. Please be certain that your application is **complete** and turned in **on time**. **All applications are due in room 141. Applications will be accepted starting January 2, Deadline Tuesday, January 15, 2019**. Once applications are submitted, transcript information and teacher recommendations will also be considered for acceptance into the program. If an interview is requested, I will contact you directly. Applications will be processed and letters of decision will be sent by March 1, 2019.

For the purposes of completing your course selection sheet for next year, you should include the G/T Independent Research program as one of your seven courses.

GT-400 (First year)
GT-410 (Second year)
GT-420 (Third year)

Thank you for your interest in the GT Research Program. You are taking advantage of a wonderful opportunity. I am available in the GT Resource Room to answer questions or discuss concerns that you might have.

Sincerely,

Ms Mary Jane Sasser
Gifted and Talented Resource Teacher

Gifted and Talented Independent Research Program Application River Hill High School

APPLICATIONS will be accepted starting January 2, Deadline Tuesday, January 15, 2019

Carefully read and complete this form. Please TYPE or PRINT using blue or black INK.

STEP 1: Student Information

Student: _____ Phone: _____

Address: _____ Email: _____

_____ Cell Phone: _____

Grade Level for **2017-2018** (Circle one) 9th 10th 11th 12th

Attended Gifted and Talented Information Night (circle one) Yes No

Current Student Schedule

Period One: _____ Teacher: _____ Rm: _____

Period Two: _____ Teacher: _____ Rm: _____

Period Three: _____ Teacher: _____ Rm: _____

Period Four A: _____ Teacher: _____ Rm: _____

Period Four B: _____ Teacher: _____ Rm: _____

Period Five: _____ Teacher: _____ Rm: _____

Period Six: _____ Teacher: _____ Rm: _____

STEP 2: Area(s) of Interest

Participation in the Independent Research course requires you to produce an original investigation or creative production based on college-level research. You do not need to have a project in mind at this point, but in order for your application to be considered, you must identify a **tentative**, general area(s) of interest at this time. The area(s) of interest may be changed at a later date.

Area(s) of interest: _____

Type a well-developed paragraph that addresses why you indicated the area of interest and what you bring to this topic in the way of background. Please attach the paragraph to this application packet.

STEP 3: Recommendation

Please give the attached **Recommendation Forms** to two of your **teachers**. You should complete the “Area of Interest” before giving it to your teacher. Your teacher will return the form to me directly. List below the names of the teacher that you asked for recommendations.

I have given the recommendation forms to _____ and

_____.

STEP 4: Signatures

Timely submission of this application is the responsibility of each applicant. Students submitting an incomplete application will not be considered for the program. **Please note that enrollment is limited. If enrollment numbers exceed the program’s capacity, interviews will be required and transcript information will be considered for acceptance.** Submit completed application to Ms. Sasser in the G/T Resource Room.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

STEP 5: Documentation

- Please attach a photocopy of your most recent report card.
- Please have Ms Sasser sign your course selection sheet – the course number is 195M.

Mary Jane Sasser
River Hill High School
12101 Route 108
Clarksville, MD
msasser@hcpss.org

TO BE COMPLETED BY THE G/T RESOURCE TEACHER:

Quality of Essay: Excellent Average Poor

Teacher Rec. #1: HR R RR
 ___ Average Ratings

Teacher Rec. #2: HR R RR
 ___ Average Ratings

Current Report Card:

English level: R H G/T ESOL

History of G/T course enrollment: _____

GPA:

Comments:

Howard County Public School System
GIFTED AND TALENTED INDEPENDENT RESEARCH COURSE
TEACHER RECOMMENDATION FORM
2019-2020

Student: _____ Area(s) of Interest: _____

G/T Independent Research is a college-level research course in which students conduct long-term scholarly research or design original creative productions in areas of their interest. Students who are successful in conducting long-term research demonstrate intellectual curiosity, independent, and task commitment. Please provide your input regarding the above-mentioned student.

Please supply information about the above student with regard to the following areas:

Initiative:	poor	average	excellent	don't know
Ability to carry out in-depth independent work:	poor	average	excellent	don't know
Written communication skills:	poor	average	excellent	don't know
Time-management:	poor	average	excellent	don't know
Maturity and task commitment:	poor	average	excellent	don't know
Critical reading skills:	poor	average	excellent	don't know
Academic integrity and reliability:	poor	average	excellent	don't know

Overall: ___ *highly recommend* ___ *recommend* ___ *recommend with reservations*

Additional Comments: _____

Evaluator's Signature: _____ *Date:* _____

Evaluator's Printed Name: _____

Subject(s) taught: _____

How long and in what capacity have you known this student? _____

Please return this completed form to Ms Sasser. Thank you for your time and attention.



Howard County Public School System
GIFTED AND TALENTED INDEPENDENT RESEARCH COURSE
TEACHER RECOMMENDATION FORM
2019-2020

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