

ANNUAL APPENDIX

2008-2009

PROGRAM DATES

Session 1- October 14, 22, 27 (4th, 5th, 6th, 7th, and 8th grades)

Session 2- April 7, 16, 22 (4th - 7th grades)

PROGRAM FEE

\$45.00 for one session (grade 8)

\$90.00 for two sessions (grades 4-7)

****If you do not have 5 students for your grade level then please call me ASAP so that I can check with other schools for alternates. If you are splitting your students into fall/spring sessions, please mark them accordingly when you email me your SHINE student list.

DUE DATE FOR STUDENT PERMISSION SLIPS AND FEES TO BE RETURNED TO ME September 30, 2008.

CLASS LISTS WILL BE DISTRIBUTED TO SCHOOLS

September 19, 2008

SHINE COORDINATOR

Michelle Cornwell St. Gabriel School 239-5535 school # 231-1464 fax #

SCHOOL COORDINATORS

St. Edward	Darryl Veigel	267-6633 school #	267-4474 fax #
St. Gabriel	Mary Shisler	239-5535	231-1464
St. Martha	Carolyn Hayden	491-3171	495-6107
St. Michael	Anne Meade	267-6155	267-4272
John Paul	Gina Priddy	452-1712	451-2464

JOB DESCRIPTIONS

SHINE COORDINATOR:

- Collect descriptions of courses offered
- Develop and distribute brochure of course offerings
- Distribute Shine information packet to participating schools
- Schedule students and distribute class lists to schools
- Type reimbursement requests and fax to treasurer of Shine program
- Gather program and student evaluations and distribute to schools
- Schedule and facilitate meeting of Shine coordinators and principals of participating schools

SHINE COORDINATOR AT LOCAL LEVEL:

- Attend planning meetings
- Recruit and oversee other Shine teachers
- Provide space for courses offered at home school
- Coordinate facility needs
- Account for all permission slips and family fees
- Gather test scores and develop list of prospective students
- Compile forms from teacher selection
- Compile teachers' evaluations
- Act as liaison between students and parents
- Conduct follow up with students, parents, and staff about program
- Coordinates with administration

STIPENDS

Teacher stipend- \$450.00

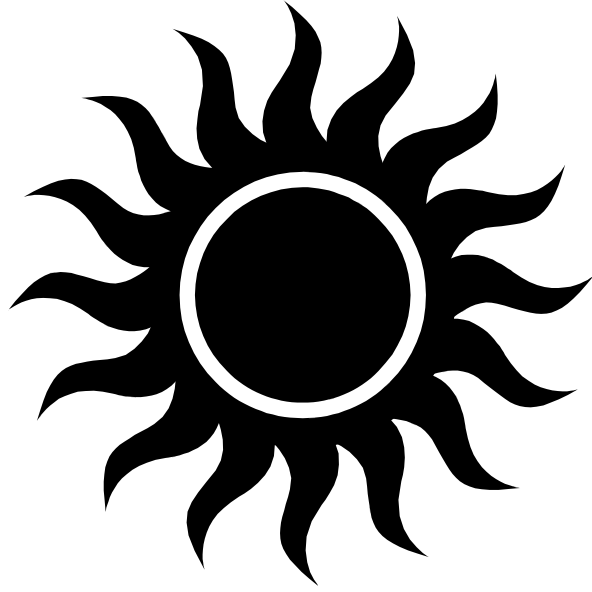
Expenses per program- \$300.00

Substitute pay- \$70.00 per day for **one** teacher only (\$210.00)

School coordinator- \$125.00

Shine coordinator- \$900.00

Bookkeeper- \$300.00



STUDENTS HAVE INSIGHTS
AND NEW EXPERIENCES

STUDENTS HAVE INSIGHTS

and

NEW EXPERIENCES

Recognizing the responsibility to provide challenging educational opportunities appropriate to students of all ability levels, five local Catholic schools, through a cooperative effort, have established the Students Have Insights and New Experiences (SHINE) program. These schools are John Paul II Academy, St. Edward, St. Gabriel, St. Martha, and St. Michael.

SHINE is designed to meet the needs of academically gifted students. Students from participating schools will work together in project areas under the guidance of teachers representing the schools.

SHINE students are expected to wear the uniform of their home schools, unless the program teacher has directed them otherwise.

SHINE students are expected to attend each day of each program, unless absent from school.

STUDENT ABSENCE

A student's absence from participation in a SHINE program will be called in to the home school. Such absence will be reported to the school hosting the program.

SHINE TEACHERS

The excitement, enthusiasm, and knowledge of the teachers are the foundation of the SHINE program. Their dedication and commitment result in broad new experiences for their students.

SHINE teachers will be paid **\$450.00** if they conduct the program alone and **\$225.00** if they conduct a SHINE class with another teacher. This money will be sent to the parish office of the teacher's school upon completion of the course. Taxes will then be deducted. If two teachers share one program, the monies will be shared.

Each program is budgeted **\$300.00** for program expenses. This includes all materials and field trip expenses. Any teacher whose program would exceed this limit must first discuss all projected expenses with the SHINE coordinator before the program can be offered. Most of the programs can be presented with very limited expense.

Each Shine school will contribute **\$0** toward the Shine program to help defray the cost. (Send check along with the students' fees to Peggy Sermersheim at St. Gabriel)

Teachers will conduct their programs under these guidelines:

1. Submit a program title and description to be used in the SHINE brochure distributed to students (unless using one from previous year) - send to school coordinator (see annual appendix for date due).
2. Submit a copy of your plans/outline to the SHINE coordinator just prior to your program. **Email a SHINE welcome letter to each school 2 weeks before first class.**
3. Make arrangements within the home school for suitable room, supplies, equipment, etc.
4. Use the SHINE field trip permission form (Appendix B).
5. Inform the school coordinator of any problems with the program, including student behavior or participation.
6. If necessary, contact a student's home school principal if behavior or participation is a problem.
7. Have students evaluate the program using the SHINE evaluation (Appendix C) and turn these in to the school coordinator after reviewing them.
8. Evaluate the program from the teacher's point of view.
9. Keep receipts for all expenses incurred. Turn these in to the SHINE coordinator for reimbursement. Use the SHINE expense report (Appendix D).
10. The teacher will be paid and reimbursed for expenses when all receipts and evaluations have been turned in (Appendix E).
11. Ask for a few minutes at one of the first faculty meetings to acquaint or remind the faculty of the SHINE program.
12. Encourage members of the faculty and staff to consider participating in or offering programs in the future.
13. Forward program plans/outlines to the SHINE coordinator.
14. Forward a bill from the home school to the SHINE coordinator for all substitute teacher expenses after all programs have been conducted in that school.

STUDENT SELECTION

Students in grades 4 - 8 will be selected in the following manner:

Each homeroom teacher in these grades will identify all students in the class whose most recent Terra Nova total battery score was 95% or above. Teachers within each grade level will combine these students into one list. From this list, 5 students will be chosen based on teacher recommendation. Current year teachers in each grade level will consult with the previous year's teachers. If necessary, scores of 98% and 99% will be given highest consideration. Teachers will keep in mind the characteristics of SHINE students as described by SHINE teachers (Appendix A).

There may be instances where one or all five-grade levels within a school may not have enough students to meet the criteria for participation. In this case, that school's allotted slots will be filled with students from the other schools. Every effort will be made to equalize the total number of students participating from each school.

Each grade level is to turn in a copy of the list of all eligible students, as well as a copy of the list of alternates (ranked) to the school coordinator (see annual appendix for due date). These lists will then be forwarded to the SHINE coordinator, after being reviewed by the school's principal.

SHINE STUDENTS

SHINE students are those students considered academically gifted as measured by 95% or above on the total battery score on the most recent Terra Nova and who have been recommended by their teachers. These students are expected to come to each program site prepared to challenge themselves academically, to explore new topics, and interact with their peers.

SHINE students are responsible for the content of the work missed in the home school on program days. They are not responsible for written daily work or homework assigned on these days. They will be allowed to make up any tests missed.

SHINE students are responsible for completing any assignments given by the SHINE teacher. They are to come prepared to each program with any supplies requested by the SHINE teacher. Signed field trip permission forms must be turned in before departure.

FIELD TRIPS

Several of the programs include a field trip. Bus arrangements are to be made through the presenting teacher's home school. The school will forward a bill to the SHINE program through the teacher, who will include it on his/her expense report. The school will be directly reimbursed.

SUBSTITUTE TEACHERS

Teachers presenting programs will arrange for substitute teachers for his/her classes through his/her home school. The school will submit a bill to the SHINE program through the school coordinator once all programs have been completed in that school. Each school will be reimbursed directly for the total amount spent on substitute teachers.

HOMEROOM TEACHERS, GRADES 4-8

Each homeroom teacher is responsible for initial screening of students. He/She will identify all students as described in Student Selection. This list is to be turned in to the school coordinator (see annual appendix for date due).

Classroom teachers greatly affect the SHINE student's attitude and participation in the SHINE programs. Support is essential. The classroom teacher can support his/her students by being excited and interested in what the students are doing while away. SHINE students are responsible for knowing the content, but not written daily work and homework on program days. Teachers will need to keep students aware of the content covered on these days. Planning tests, projects, and introductory lessons around the SHINE program days will make students more comfortable about being out of the classroom. A reminder of program dates and topics will be sent to each homeroom teacher in grades 4 - 8.

Appendix A

CHARACTERISTICS TO BE CONSIDERED FOR SHINE STUDENTS

total battery 95% and above - 99% very strong consideration

adaptable to programs offered

a stick-to-it attitude,

well-behaved in a class setting

open to ideas of others, especially intellectual peers

cooperative - especially within group activities

good verbal skills

good work habits

responsible

good social skills

positive attitude

willingness to fully participate

consistent attendance

SHINE CLASS LIST

SCHOOL _____
GRADE _____
SCHOOLYEAR _____

PAID	NAME	TOTAL BATTERY	STUDENT EVAL. (IF USED)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALTERNATES (RANKED IN ORDER OF RECOMMENDATION)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNED: _____
(HOMEROOM TEACHERS OF THIS GRADE)

Appendix

QUALIFYING ENRICHMENT ACTIVITIES

DIRECTIONS: Use this checklist as a measure to assess a learning activity or experience that has been specified as being enrichment for the gifted and talented.

WHAT ENRICHMENT IS

productive thinking

applying and associating
learning to other areas

learning concepts and general-
ization

complex thinking

student determined readiness

extend and/or replace traditional
learning experiences

interrelating information
learned

critically evaluate

problem seeking

stimulating and encouraging
giftedness and talent
development

learning things as they should
or could be

WHAT ENRICHMENT IS NOT

reproductive thinking

accumulating and regurgitating
information about one area

learning facts

harder work

grade or age-level expectancies

provide more work

separate entity learning

accept all data presented

answering questions

penalizing giftedness and
talent development

learning things only as
they are

Joseph S. Renzulli, University of Connecticut

SHINE STUDENT EVALUATION

"SHINE students should be chosen based on scores and teacher recommendations. Current year teachers in each grade level will consult with the previous year's teachers. Teachers will keep in mind the characteristics of SHINE students as described below."

Name _____ Terra Nova _____

Please give this student a score for each characteristic listed:

Below average = 1 Average = 2 Superior = 3

___ **Adaptable to programs offered**

___ **A stick-to-it attitude**

___ **Well-behaved in a class setting**

___ **Open to ideas of others; especially intellectual peers**

___ **Cooperative, especially within a group**

___ **Good verbal skills**

___ **Good work habits**

___ **Responsible**

___ **Good social skills**

___ **Positive attitude**

___ **Willingness to fully participate**

___ **Consistent attendance during previous school year**

___ **TOTALSCORE**

___ *I feel this student would be a good candidate for SHINE.*

___ *I feel this student would not benefit from or make a positive contribution to the SHINE program.*

Signed

LETTER OF INVITATION

Dear Parent/Guardian:

We are pleased to invite your son/daughter _____ to participate in this year's SHINE program for academically gifted students.

This program provides challenging educational opportunities for students to explore in a wide range of topics. Students from five area schools come together under the direction of teachers from these schools. They will spend three days in each program delving into areas of unique study.

Enclosed you will find a brochure describing this year's programs. Please carefully consider not only your child's interests, but also those programs, which offer an opportunity for your child to expand his/her horizons.

Please return the permission slip and payment (check made payable to your child's school) by_____.

Sincerely,

SHINE

STUDENTS HAVE INSIGHTS and NEW EXPERIENCES

2008-2009

I hereby request that my child _____ in grade____, be permitted to participate in the SHINE program for academically gifted students for the 2008-2009 school year. I agree to pay \$45.00 for one 3-day program. I understand that this permission slip must be returned to my child's homeroom teacher, along with a check made out to his/her home school, no later than _____.

Signature of Parent/Guardian. _____ Date _____

In giving permission for my child to participate in the SHINE program, I/we understand that the school involved shall not be liable for any injury, loss, or other claims arising out of; or resulting from, said participation in this program.

Field trip permission forms will be sent home if they are a part of any individual course. There is no additional fee for any field trips, which may occur (except lunch expenses).

Signature of Parent/Guardian _____ Date _____

RETURN THIS FORM, ALONG WITH A CHECK PAYABLE TO THE HOME SCHOOL IN THE AMOUNT OF \$45.00, BY _____.

I do not wish for my child to participate in the SHINE program.

Signature of Parent/Guardian _____ Date _____

SHINE

STUDENTS HAVE INSIGHTS and NEW EXPERIENCES

2008-2009

I hereby request that my child _____ in grade____, be permitted to participate in the SHINE program for academically gifted students for the 2008-2009 school year. I agree to pay \$90.00 for two 3-day programs. I understand that my child must participate in both courses to be eligible for this program. I understand that this permission slip must be returned to my child's homeroom teacher, along with a check made out to his/her home school, no later than_____.

Signature of Parent/Guardian:_____Date_____

In giving permission for my child to participate in the SHINE program, I/we understand that the school involved shall not be liable for any injury, loss, or other claims arising out of, or resulting from, said participation in this program.

Field trip permission forms will be sent home if they are a part of any individual course. There is no additional fee for any field trips, which may occur (except lunch expenses).

Signature of Parent/Guardian _____Date_____

RETURN THIS FORM, ALONG WITH A CHECK PAYABLE TO THE HOME SCHOOL IN THE AMOUNT OF \$90.00, BY _____.

I do not wish for my child to participate in the SHINE program.

Signature of Parent/Guardian _____Date_____

SHINE FIELD TRIP PERMISSION SLIP

I hereby request that St. Michael School, St. Edward School, St. Gabriel School, St. Martha School and John Paul II Academy allow my daughter/son to participate in the following field trip as a part of the SHINE program.

I give my permission for _____ to attend and participate in:

Field Trip to:

Date:

Approximate departure time:

Approximate return time:

Mode of transportation:

In consideration of the making of arrangements for the trip by the school, I hereby release and save harmless the school and any and all liability for any injuries, loss, or other claims arising or resulting from this trip.

Parent /Guardian signature _____ Date _____

Please return this form by _____

SHINE

EXPENSE REPORT

Program Title _____

Program Teacher(s) _____

Program Dates _____

Expenses to be reimbursed to _____ (teacher)

Expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL _____

Expenses to be reimbursed to _____ (school)

Expenses	Amount
Sub Pay _____	_____
_____	_____
_____	_____

Stipend _____

All receipts for listed expenses are to be stapled to the back of this report. Please circle items listed if the receipt contains other purchases. Send this completed report to:

Michelle Cornwell
St. Gabriel School
5503 Bardstown Rd. Louisville, KY 40291

***All paperwork needs to be turned in, in order for me to request your check!

SHINE CLASS EVALUATION FORM

Program Name:

Grade:

Date:

I have previously participated in these Shine programs:

This program challenged me to:

I liked/disliked this program because:

I would suggest that in the future these changes might be considered for this program:

I would/would not tell other students to participate in this program because:

In thinking about the overall Shine program of studies for gifted students, please answer:

I like/dislike the program because:

I participated because:

I do/do not plan to participate next year because:

SHINE STUDENT EVALUATION

Student Name: _____ Home School _____

Course Title: _____ Dates _____

Teacher Name: _____

Please rank each area as follows: 1=Unsatisfactory.....5=Excellent.

Participation		1	2	3	4	5
Attitude	1	2	3	4	5	
Effort	1	2	3	4	5	
Conduct	1	2	3	4	5	
Cooperation	1	2	3	4	5	

SHINE Checklist

Before class begins:

- ___ Make a list of eligible students, get recommendations from former teachers
- ___ Send invitation letters, permission slips, and SHINE brochures to chosen students (5 students are chosen per grade, from each of the 5 participating schools)
- ___ Collect SHINE permission slips and money
- ___ If your school doesn't have 5 students per grade contact SHINE Coordinator so she can try to fill class
- ___ Give your student checks to your school bookkeeper. Have them send a \$0 check for SHINE expenses and a check for student's fees to Peggy at St. Gabriel.
- ___ SHINE teachers need to turn in lesson plans & class objectives to their school SHINE coordinator along with their SHINE class evaluations and teacher evaluations.
- ___ Mail Permission slips, fee check, and lesson plans to SHINE Coordinator
- ___ SHINE teachers need to write a welcoming letter for their class and send a copy to each SHINE school coordinator to distribute and one to Michelle. Letter should include: school address and phone number, necessary supplies the students need to bring, arrival and dismissal policy, lunch menu if possible, ect. ***Send 2 weeks before class begins!***
- ___ Purchase necessary materials (keep receipts)
- ___ Contact guest speakers (if needed)
- ___ See school SHINE coordinator if you have questions, if they cannot answer them, call SHINE Coordinator- Michelle Cornwell 239-5535

During SHINE class:

- ___ Contact home school if a student is absent
- ___ Go over class expectations
- ___ Report any behavior problems to SHINE Coordinator and write note to parents and home school.
- ___ Remind students that they don't have to complete missing homework, but they are responsible for the material they missed. Any long-term projects should be turned in before going to SHINE class. If a student knows he/she is going to have a test on a SHINE date, have them make arrangements with that teacher to take their test early or later. Encourage students too carpool to SHINE classes.

Before stipend checks are issued, all necessary paperwork must be turned in to Michelle Cornwell at St. Gabriel School.

- ___ Complete expense report with receipts attached (expenses shouldn't exceed \$300)
- ___ Students need to complete SHINE Class Evaluation form
- ___ Teachers must complete a SHINE Student Evaluation form for each student

Dear Shine Participant,

I am looking forward to seeing you on _____ as we explore new opportunities. Our school is located at _____. You must be dropped off at the _____ at _____ a.m. You will be dismissed at the _____ at _____ p.m.

You may bring your lunch, or purchase one for \$ _____. The lunch menus for the following dates are:

Don't forget to remind your teachers that you will be at SHINE. Also, remember that there is material in your regular classes being covered, so find out what happens while you were gone.

Please bring the following materials with you to each SHINE class: **Participant Health Form,**

If you have any questions, please contact _____ at _____ School at _____.

Sincerely,

SHINE email list

School's Principal

St. Edward: Susan Jones	Sjones@stedwardjtown.org
St. Gabriel: Kathy Stivers	kstivers@stgabriel.net
St. Martha: Sharon Dutton	sdutton@stmarthaschool.org
St. Michael: Shelia Marsteller	smarsteller@stmikellc.org
John Paul Academy: Lynn Wilt	lwilt@john-paul-academy.org

SHINE Coordinator

Michelle Cornwell-St. Gabriel	mcornwell@stgabriel.net
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SHINE Bookkeeper

Peggy Sermersheim-St. Gabriel	psermersheim@stgabriel.net
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SHINE School Coordinators

St. Edward: Darryl Veigel	dveigel@stedwardjtown.org
St. Gabriel: Mary Shisler	mshisler@stgabriel.net
St. Martha: Carolyn Hayden	chayden@stmarthaschool.org
St. Michael: Kathy Geoghegan	kgeoghegan@stmikellc.org
St. Michael: Anna Meade	ameade@stmikellc.org
John Paul: Gina Priddy	gpriddy@john-paul-academy.org

School phone numbers

St. Edward	267-6633
St. Gabriel	239-5535
St. Martha	491-3171
St. Michael	267-6155
John Paul	452-1712

fax numbers

267-4474
231-1464
495-6107
267-4272
452-2464

Participant Health Form

Student's Name _____

School _____

Mother's home phone number _____

work # _____

Father's home phone number _____

work # _____

Emergency contact:

Name _____

phone number _____

Name _____

phone number _____

Insurance information:

Insurance identification number _____

Insurance group number _____

Doctor's name and phone number _____

Hospital _____

List allergies: _____

Medication: _____

******Bring this form with you to Each SHINE class, in a sealed envelope.***