



TRANSITION PROGRAM for GIFTED STUDENTS
A PROVINCIAL RESOURCE PROGRAM

Date of Application: _____

Have you applied to the program before? [] Y [] N Year _____

1. Name _____
Last Name First Name as appears on passport Preferred Name

Current Grade _____ Age _____ Date of Birth _____ Pronouns _____

Mailing Address _____
Street Address City, Province Postal Code

Telephone _____ Mobile _____ email _____

Country of Birth _____ First Language _____

Language at home _____ Years speaking English _____ Years in Canada _____

2. Parent Name _____ email _____ phone _____

Parent Name _____ email _____ phone _____

3. Current School _____ School District _____ # _____

City _____ Referring Teacher _____

Tel: _____ Principal _____ French Immersion [] Y [] N # of yrs _____

Previous Gifted Education Programs _____

Special Education Designation(s), if applicable _____

Does your child need academic accommodation? [] Y [] N Please provide documentation.

Are you an International Student [] Y [] N Start Month/Year _____

4. Please include the following with the application

- [] YES psycho-educational assessment report available
[] NO Psycho-educationa assessment report available
[] Cognitive Skill test result (if available)
[] Individual Education Plan (IEP), if applicable
[] Copy of the most recent report card
[] Parent checklist
[] Student Form
[] Teacher checklist [] n/a

5. Parents, please acknowledge:

- o Shortlisted applicants only will complete a set of assessments. Registration instructions and consent form to follow. Students must bring pens, pencils, book(s) to read and lunch that day.
o Applicants shortlisted after the first set of assessments will be invited for an interview and possible further assessment.
o A portfolio will be required for students who are invited for an interview. Bring work you are proud of, passionate about and want to share with the program, something that helps to get to know you, your strengths and your passions.
o All application materials are confidential and will be securely disposed of after two years or upon completion of the Program.

Applicant Signature: _____ Date: _____

Parent /Guardian Signature _____ Date: _____

UTP Application - Teacher Checklist

Applicant Name _____ School _____

Date of Birth _____ Program _____ Grade _____

To determine suitability for the UTP program, please indicate the following using this rating scale:

(1) Only with adult prompting **(2) Some of the Time** **(3) Most of the Time** **(4) All of the Time**

Creativity:

- 1 2 3 4 Makes connections between/among different concepts
- 1 2 3 4 Creates and composes for the purpose of communication and self-expression
- 1 2 3 4 Develops new ways of completing tasks or new uses for common objects
- 1 2 3 4 Solves problems in unique, novel, or unexpected ways; innovative
- 1 2 3 4 Shares imaginative ideas and thoughtful interpretations; daydreams

Intellect:

- 1 2 3 4 Asks thoughtful/insightful questions
- 1 2 3 4 Demonstrates a memory for detail and accuracy; recalls facts
- 1 2 3 4 Has many varied interests; demonstrates a thirst for learning about interests
- 1 2 3 4 Enjoys meaningful conversations with adults and older children
- 1 2 3 4 Demonstrates curiosity and exploration

Skills Associated with a Specific Discipline: Specify Discipline: _____

- 1 2 3 4 Demonstrates talent/aptitude within a specific area or interest
- 1 2 3 4 Spends significant amounts of time developing skills within the discipline
- 1 2 3 4 Engages others in conversations and activities related to the discipline
- 1 2 3 4 Articulates specific future aspirations related to the discipline
- 1 2 3 4 Reads/views material and content associated with the discipline

Check all that apply:

- will thrive in an accelerated academic program self-motivated to seek help or self-improve
- receptive to feedback, coaching growth oriented
- engaged/involved in school community demonstrates leadership

Why does this student need this program: _____

Referring teacher _____ email _____

Date _____ Signature _____

*Must be completed by the referring teacher and submitted with the UTP application. If there is no referring teacher, please have the current classroom teacher complete this checklist. If there is no current classroom teacher, omit this form.

UTP Application - Parent/Guardian checklist

Applicant Name _____ School _____

Date of Birth _____ Program _____ Grade _____

To determine suitability for the UTP program, please indicate the following using this rating scale:

(1) Only with adult prompting **(2) Some of the Time** **(3) Most of the Time** **(4) All of the Time**

Creativity:

- 1 2 3 4 Makes connections between/among different concepts
- 1 2 3 4 Creates and composes for the purpose of communication and self-expression
- 1 2 3 4 Develops new ways of completing tasks or new uses for common objects
- 1 2 3 4 Solves problems in unique, novel, or unexpected ways; innovative
- 1 2 3 4 Shares imaginative ideas and thoughtful interpretations; daydreams

Intellect:

- 1 2 3 4 Asks thoughtful/insightful questions
- 1 2 3 4 Demonstrates a memory for detail and accuracy; recalls facts
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Check all that are relevant to your child:

- self-motivated when interested enjoys school finds school "easy"
- school is "not interesting" doesn't like school feels homework is "boring"
- can be hypersensitive to injustice exhibits (over)excitability
- expresses desire to learn something more or different
- learns independently outside of school about topics of interest to self

Why does your child need this program: _____

Rater Name: _____ Relationship: _____

Signature: _____ Date: _____

UTP Application - Student Form

students to complete this self-assessment independently

Applicant Name _____ School _____

Date of Birth _____ Program _____ Grade _____

To determine suitability for the UTP program, please self-assess the following:

Why do you want to come to UTP? Prioritize your top 3 reasons.

- | | |
|--|---|
| _____ To challenge myself and learn more | _____ To have a like-minded group of peers |
| _____ To be on campus at UBC | _____ To have a fast track to university |
| _____ To graduate early | _____ To satisfy my curious mind |
| _____ To build my confidence | _____ To have a different school experience |
| _____ to increase my opportunities for elite programs, Faculties or Universities | |

On a scale of 1 to 10, how much would you say you want to come to UTP next year?

- 1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10, how much would you say your parents want you to come to UTP next year?

- 1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10, how important is your school social life and circle of friends to you?

- 1 2 3 4 5 6 7 8 9 10

On a scale of 1 to 10, how difficult would it be for you to leave your friends and social life at your current school?

- 1 2 3 4 5 6 7 8 9 10

Complete the items below using this rating scale:

(1) Only with adult prompting (2) Some of the Time (3) Most of the Time (4) All of the Time

Creativity:

- | | |
|---|---|
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | I make connections between/among different concepts. |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | I create or compose for the purpose of communication and self-expression. |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | I look for new ways of completing tasks or different uses for common objects. |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | I solve problems in unique, novel, or unexpected ways. |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | I share imaginative ideas and thoughtful interpretations. |

Intellect:

- | | |
|---|---|
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | I ask lots of questions. |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | I have a good memory for detail and accuracy recall facts. |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | I have many varied interests and independently learn about these interests. |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | I enjoy meaningful conversations with adults and older children. |
| <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 | I demonstrate curiosity and exploration. |

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Passionate Pursuits _____

Career Interests _____

Complete the items below using this rating scale:

(1) Only with adult prompting (2) Some of the Time (3) Most of the Time (4) All of the Time

Skills Associated with a Specific Discipline: Specify Discipline: _____

1 2 3 4 I demonstrate talent/aptitude in the specific area or interest above

How: _____

1 2 3 4 I spend a significant amount of time developing skills within the discipline

How: _____

1 2 3 4 I engage others in conversations and activities related to the discipline

My biggest fan is: _____

1 2 3 4 Reads/views material and content associated with the discipline

Example: _____

What is your biggest/proudest achievement?

Check all that apply:

_____ I am prepared to be academically challenged

_____ I manage my time well

_____ I can prioritize tasks and commitments

_____ I could manage my time and tasks better

_____ I am involved in extracurricular activities

_____ I love learning & am an independent learner

List your extracurricular activities

Anything else you'd like to add for us to know you better. Include your passions and interests or other information that makes you unique. It is not necessary to list your certificates and placements in contests. Please limit the additional information to this space.

I have completed this self-assessment independently and it is an accurate reflection of myself.

Student Signature: _____ Date: _____