



Livingston
PUBLIC SCHOOLS

ELEMENTARY GIFTED AND TALENTED PROGRAM

Music Application

2018-19

Livingston Public Schools: Empowering all to learn, create, contribute and grow.



Livingston PUBLIC SCHOOLS

Dear Parent/Guardian,

This letter is to inform you that the Livingston School District offers a gifted and talented program for music at the elementary school level for grades four and five. The Elementary Gifted and Talented Music Program is designed to give students the opportunity to participate in compositional and improvisational experiences in music.

Students who apply for this program must undergo a rigorous and highly selective screening process. Students who are selected to this program are expected to keep up with their regular schoolwork, in addition to completing assignments and projects that are a part of this program.

Please be advised that instruction in Music, Art, Physical Education, Media, and World Language is implemented in a six-day rotation. The GT Music before-school program (7:00-7:50 am) rotates in a similar manner. Parents of students accepted into the program will be provided with a schedule of the rotation, and will be responsible for transportation for their students to this before school program. Acceptance or non-acceptance letters will be mailed over the summer.

Students who are identified as being gifted in Music typically exhibit several or all of the following characteristics:

1. The student demonstrates a strong interest in music.
2. The student creates original rhythmic and/or melodic patterns.
3. The student creates original songs and lyrics.
4. The student expresses feelings and emotions through music.
5. The student is persistent in new learning about music.
6. The student is reflective and self-critical.

If you have a child who exhibits several or all of these characteristics and would like him/her to be considered for the program, **please download the application packet (located on your school's web page) and return the completed application forms to your child's school main office no later than Friday, May 25, 2018.**

Sincerely,

Mara Rubin
District Supervisor of Visual and Performing Arts
mrubin@livingston.org
(973) 535-8000, ext. 8116

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GT MUSIC APPLICATION FORM (PART 1)

Student Name: _____ School: _____

Address: _____ Current Grade: _____

Phone Number: _____ Age: _____ Classroom Teacher: _____

Email Address: _____

Parent Name: _____

Signature: _____

Based on the characteristics of a musically gifted child (listed in the cover letter of this packet), please answer the following question:

What are your child's special abilities in music and why do you feel that he/she will be right for the program?



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GT MUSIC APPLICATION FORM (Part 2)

Dear Parent/Guardian,

The selection process for the Gifted and Talented Music Program will require your child to take a musical aptitude test and be evaluated by their music teacher. Your permission is required for administering this test and the evaluation. Your child will be given **The Intermediate Measures of Music Audiation** music aptitude test (Gordon). This test measures tonal imagery, rhythmic imagery, and musical sensitivity. In addition, your child will be evaluated by his or her music teacher using **The EBY Musically Gifted Behavior Index**, which rates musical behaviors in class activities. Your signature at the bottom of this letter indicates your permission for this test and evaluation to be given to your child.

The results of the selection process will be communicated to you by mail over the summer. **Please understand that the program is highly selective, and the results of the selection process are final.**

The testing will take place on Tuesday, June 12, 2018 at Heritage Middle School in the cafeteria beginning promptly at 4:00 p.m. The total testing time will be approximately 40 minutes. Parents/Guardians will be responsible to bring their child to the test site and must remain at Heritage Middle School until the testing is complete.

Sincerely,

Mara Rubin
Supervisor of Visual and Performing Arts

Please complete and detach this form; return it to the main office in your child's school by Friday, May 25, 2018.

Student Name: _____

School: _____

I give my permission for The Intermediate Measures of Music Audiation test to be administered to my child and that he/she can be evaluated for the program using The EBY Musically Gifted Behavior Index.

Parent Signature: _____ Date: _____

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