



**ORANGE COUNTY DEPARTMENT OF EDUCATION  
EDUCATIONAL SERVICES DIVISION  
SERVICE PROPOSAL**

**ORANGE COUNTY  
DEPARTMENT  
OF EDUCATION**  
200 KALMUS DRIVE  
P.O. BOX 9050  
COSTA MESA, CA  
92628-9050  
(714) 966-4000  
FAX (714) 432-1916  
www.ocde.us

**AI MIJARES, Ph.D.**  
County Superintendent  
of Schools

**TO:** Gabriel Del Real Coordinator, K-12 Curriculum & Instruction  
Newport-Mesa Unified School District  
2985 Bear St  
Costa Mesa, CA 92626  
gdelreal@nmusd.us / 714-424-8993

**FROM:** Julie Hull, GATE Coordinator  
Orange County Department of Education  
200 Kalmus  
Costa Mesa, Ca 92626  
jhull@ocde.us / 714-966-4328

**DATE OF PROPOSAL:** 04/10/2019

**PURPOSE:** GATE Certification Program

**AUDIENCE:** Teachers: grades 3-6

**ESTIMATED NUMBER OF PARTICIPANTS:** 30

**LCAP PRIORITIES ADDRESSED:**

Conditions of Learning	Pupil Outcomes	Engagement
<input type="checkbox"/> Basic Services	<input checked="" type="checkbox"/> Pupil Achievement	<input type="checkbox"/> Parental Involvement
<input checked="" type="checkbox"/> Implementation of State Content Standards	<input type="checkbox"/> Other Pupil Outcomes	<input checked="" type="checkbox"/> Pupil Engagement
<input type="checkbox"/> Course Access		<input type="checkbox"/> School Climate

**NUMBER OF DAYS:** 6.00 **HALF DAYS (included):** 12

**PROPOSED DATES:** TBD: 10 1/2 days in 2019-2021

**LOCATION:** Newport Mesa District Office

**MEETING SETUP (rounds, chevron, classroom, etc.):**  
Tables groups of 4-6 participants

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REBECCA "BECKIE" GOMEZ  
MARI BARKE  
KEN WILLIAMS, JR, D.O.  
JOHN W. BEDELL, Ph.D.  
LISA SPARKS, Ph.D.



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**GOAL(S):**

1) Teachers will receive a GATE Certification for NMUSD. 2) Teachers will design differentiated lessons and receive feedback in collaborative conversations and other protocols. 3) Teachers will develop a binder of differentiated lessons based on strategies learned. 4) Teachers will add lessons and resources to a shared site to collaborate with colleagues.

**EXPECTED MEASUREABLE OUTCOME(S):**

Teachers will learn and apply "best practices" in gifted instruction to extend, reinforce and replace standards to allow students to learn concepts beyond the core curriculum. Protocols to develop interpersonal and intrapersonal skills will be embedded in the training to meet the needs of the whole child: academic, social emotional and behavioral.

**RESEARCH CITATION:**

CAG Position Paper: Academic Programs and Services for Gifted Learners  
"Whichever program and curriculum modification model is selected for gifted education, teachers must be provided support and ongoing training to ensure the effective education of gifted learners to include staff in-service to build competence in their teachers that allows them to plan and implement appropriate differentiated service to gifted students."

**ESTIMATED SERVICE COST (Days X Rate):** 6.00 x \$600.00 TOTAL: \$3,600.00

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Time	Amount	Number	Manager
Full day	\$600	= or < 30	1 consultant
( Over 4 hours )	\$1200	= or < 60	1 or 2 consultant(s)
1/2 day	\$300	= or < 30	1 or consultant
( 4 hours or less )	\$600	= or < 60	1 or 2 consultant(s)
Hourly	\$125		
Hourly	\$75		
( EADL Only )			



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**ESTIMATED MATERIAL COST (books, printed materials by OCDE):** \$300.00

WORKSHOP NEEDS	PROVIDER		
<b>EQUIPMENT:</b>			
• Projector	<input checked="" type="checkbox"/> District	<input type="checkbox"/> Presenter	<input type="checkbox"/> N/A
• Document Camera (ELMO)	<input type="checkbox"/> District	<input type="checkbox"/> Presenter	<input checked="" type="checkbox"/> N/A
• Audio Speakers	<input checked="" type="checkbox"/> District	<input type="checkbox"/> Presenter	<input type="checkbox"/> N/A
• Microphone	<input checked="" type="checkbox"/> District	<input type="checkbox"/> Presenter	<input type="checkbox"/> N/A
• Laptops, tablets, etc.	<input type="checkbox"/> District	<input checked="" type="checkbox"/> Presenter	<input type="checkbox"/> N/A
<b>REFRESHMENTS:</b>			
• Breakfast	<input type="checkbox"/> District	<input type="checkbox"/> Presenter	<input checked="" type="checkbox"/> N/A
• Lunch	<input type="checkbox"/> District	<input type="checkbox"/> Presenter	<input checked="" type="checkbox"/> N/A
• Snacks	<input checked="" type="checkbox"/> District	<input type="checkbox"/> Presenter	<input type="checkbox"/> N/A
• Beverages	<input checked="" type="checkbox"/> District	<input type="checkbox"/> Presenter	<input type="checkbox"/> N/A
<b>MISCELLANEOUS:</b>			
• Handouts	<input type="checkbox"/> District	<input checked="" type="checkbox"/> Presenter	<input type="checkbox"/> N/A
• Table Boxes (writing utensils, markers, etc.)	<input checked="" type="checkbox"/> District	<input type="checkbox"/> Presenter	<input type="checkbox"/> N/A
• Wireless Access	<input checked="" type="checkbox"/> District	<input type="checkbox"/> Presenter	<input type="checkbox"/> N/A
• Other (LMS Access, Website, Cloud Storage, etc.)	<input type="checkbox"/> District	<input checked="" type="checkbox"/> Presenter	<input type="checkbox"/> N/A
<b>EADL Use Only:</b>			
• School Report	<input type="checkbox"/> District	<input type="checkbox"/> Presenter	<input checked="" type="checkbox"/> N/A
• Printing	<input type="checkbox"/> District	<input type="checkbox"/> Presenter	<input checked="" type="checkbox"/> N/A
• Translation	<input type="checkbox"/> District	<input type="checkbox"/> Presenter	<input checked="" type="checkbox"/> N/A
• Transcription	<input type="checkbox"/> District	<input type="checkbox"/> Presenter	<input checked="" type="checkbox"/> N/A

**ESTIMATED TOTAL COST (SERVICE + MATERIALS):** \$3,900.00

**DETAIL:**

The training will be 10, 2 hour sessions from 4:00 - 6:00 p.m. beginning fall 2019 and commencing in Spring 2021 (please refer to GATE Course Scope & Sequence document for session topics). Presenter recommends that sets of prompts are purchased for the teachers who attend the certificate program for implementation in the classroom. 2 half days are added to account for lesson grading.

**For Client Use:**

When this proposal is accepted, OCDE will create a contract for services.

☐ PROPOSAL ACCEPTED

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

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