



# Gifted Written Report

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**Initial Referral**

**Reevaluation**

Student Name: \_\_\_\_\_

Date of Report: \_\_\_\_\_

School District: \_\_\_\_\_

School: \_\_\_\_\_

Student Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Reason for Referral:

## Summary of Findings/Interpretation of Assessment Results in Each Academic Area

### I. Information gathered

1. Information from the parents

2. Information from others who interact with the student on a regular basis

3. Information from the student (if appropriate)

**II. Assessment of academic functioning relevant to the student's suspected giftedness**

1. Ability and achievement test scores

2. Rates of acquisition and retention

3. Achievement, performance, expertise in one or more academic areas as evidenced by excellence of products, portfolio or research, as well as criterion-referenced team judgment

**III. Learning strengths including specialized skills, interests and aptitudes relevant to the student's suspected giftedness**

**IV. Educational needs relevant to the student's suspected giftedness**

1. Differentiated Instruction

2. Indicate any intervening factors which may mask gifted abilities (such as English as a second language, learning disability, physical impairment, emotional disability, gender or race bias or socio/cultural deprivation)

**V. Conclusions and recommendations for specially designed instruction to Gifted Individualized Education Program (GIEP) team**

1. Conclusions - Determination of eligibility and educational needs: Select A, B or C
  - A.  The student is not gifted and therefore is NOT ELIGIBLE for gifted placement and programming
  - B.  The student is gifted but does not need specially designed instruction, and therefore is NOT ELIGIBLE for gifted placement and programming
  - C.  The student is gifted AND is in need of specially designed instruction, and therefore IS ELIGIBLE for gifted placement and programming
2. Recommendations for consideration by the GIEP team for the student's educational programming

**For Reevaluation**

**I. Recommendation regarding continued need for gifted education**

**II. Review of the student's GIEP**

1. Instructional activities that have been successful

2. Recommendations for revision of the GIEP

**GIFTED MULTIDISCIPLINARY TEAM**

Name	Role or Position
	Parent/Guardian
	Parent/Guardian
	Certified School Psychologist
	Teacher

\* The enclosed *Notice of Parental Rights for Gifted Students* provides information on the options listed above.