

Suwannee County School District

Exceptional Student Education

Meeting Summary Sheet

Meeting Date: _____

Student Name	Grade	DOB	School Name

Notes:

Summary:

Team Recommendations:

	Yes	No
Continue current interventions	<input type="checkbox"/>	<input type="checkbox"/>
Implement additional interventions	<input type="checkbox"/>	<input type="checkbox"/>
Refer for further evaluation	<input type="checkbox"/>	<input type="checkbox"/>

Signature	Title	Date

Suwannee County School District

Exceptional Student Education

Gifted Characteristics Checklist

Student Name _____ Student Number _____

Date of Birth _____ School _____ Grade _____

Referring Teacher _____ Date _____

The above named student is being referred for possible inclusion in the Gifted Program. Your observations would be very helpful in the evaluation.

Please use the scale below in rating this student.

(1) Rarely (2) Occasionally (3) Often (4) Most of the Time

Circle One

Learning Characteristics

- 1 2 3 4 Evidences outstanding vocabulary, verbal fluency.
1 2 3 4 Possesses a large storehouse of information about a variety of topics.
1 2 3 4 Has a quick mastery and recall of factual information
1 2 3 4 Has rapid insight to cause-effect relationships
1 2 3 4 Tries to discover how and why of things
1 2 3 4 Has a ready grasp of underlying principals. Can make generalizations.
1 2 3 4 Is a keen and alert observer
1 2 3 4 Reads a great deal independently
1 2 3 4 Reasons things independently

Circle One

Creativity Characteristics

- 1 2 3 4 Displays Curiosity
1 2 3 4 Offers ideas or solutions to problems
1 2 3 4 Is uninhibited in expression of opinion
1 2 3 4 Is a high risk taker; adventurous and speculative
1 2 3 4 Displays intellectual playfulness (manipulates ideas; tries to adapt, improve or modify things.)
1 2 3 4 Displays a keen sense of humor
1 2 3 4 Shows emotional sensitivity
1 2 3 4 Is nonconforming, is individualistic
1 2 3 4 Criticizes constructively
1 2 3 4 Questions arbitrary decisions

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T=

Motivational Characteristics

- 1 2 3 4 Becomes absorbed and truly involved in certain topics or problems
1 2 3 4 Is easily bored with routine tasks
1 2 3 4 Needs little external motivation to follow through in work that initially excites; is persist
1 2 3 4 Strives toward perfection; is self-critical
1 2 3 4 Works independently; requires little direction from teachers
1 2 3 4 Is interested in many "adult" problems (religion, politics, etc.)
1 2 3 4 Is self-assertive or stubborn in beliefs
1 2 3 4 Likes to organize or bring structure to things
1 2 3 4 Evaluates and passes judgement on events, people, Things

Leadership Characteristics

- 1 2 3 4 Carries responsibility well
1 2 3 4 Is self-confident with peers and adults
1 2 3 4 Seems to be well liked by classmates
1 2 3 4 Is cooperative
1 2 3 4 Can express self well
1 2 3 4 Adapts readily to new situations, is flexible
1 2 3 4 Is sociable; outgoing
1 2 3 4 Tends to dominate others

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Exhibits the following talents: (music, art, drama, creative writing, etc.) _____

Name of Rater: _____ Date: _____

Would you believe this student needs and/or could benefit from the Gifted Program? _____

Please list any characteristics that would make participation in the Gifted Program unwise for this student _____

Suwannee County School District

Exceptional Student Education

Parental Notice / Consent for Evaluation

Parent: _____

Student: _____

Address: _____

School: _____

Grade: _____

Date: _____

In order to develop the best educational programs for your child, we feel that additional information is needed. An individual evaluation is recommended to assist us in meeting the educational needs of your child. The evaluation is proposed based on your child's educational performance and review of any previous evaluation information as well as observations and conference. If other factors were considered in this proposal these may have included _____ (specify)

The following educational options have been considered or used your child: - Title I - Tutoring - Dropout Prevention - Behavior Management - Community Agency Referral - Counseling - Change in level of instruction - Change Instructional Methods -

Other _____ The options were determined insufficient in meeting the educational needs of your child and have been rejected as the primary methods of assisting your child.

Do you consent for us to conduct an evaluation or secure information, if necessary, of your child in the areas listed below?

- Academic Achievement
- Assistive Technology Screening/Evaluation
- Behavioral Observations
- Functional Behavior Assessment
- Hearing Evaluation
- Individual Intellectual Evaluation
- Individual Psychological Evaluation
- Learning Abilities Evaluation

- Medical
- Occupational Therapy Evaluation
- Physical Therapy Observation
- Social and Developmental History
- Speech and Language Evaluation
- Developmental - Assess Cognitive Skills
- Other _____

You will be advised of the results of the evaluation(s). Please keep the pink copy, but sign and return the white and canary copies to your child's school. If you have any questions, please feel free to call _____.

PARENT CONSENT FOR INITIAL PRE-PLACEMENT EVALUATION

- Yes, I give permission for testing and understand my rights as explained on the Summary of Procedural Safeguards.
- No, I do not give my permission for testing for the following reasons:

I request a conference before giving permission for testing.

Child's Name

Parent's Signature

Date of Birth

Date

As parent(s)/guardian(s) of a child with a disability, you have certain protections under the attached Procedural Safeguards of the Individuals with Disabilities Education Act. For a gifted student, you have protections under Rule 6A-6.03313, FAC. Further explanation of rights and copies may be obtained from the ESE Director or _____ at _____.

1: _____	(Date)	(Type)	(Results)
2: _____	(Date)	(Type)	(Results)
3: _____	(Date)	(Type)	(Results)