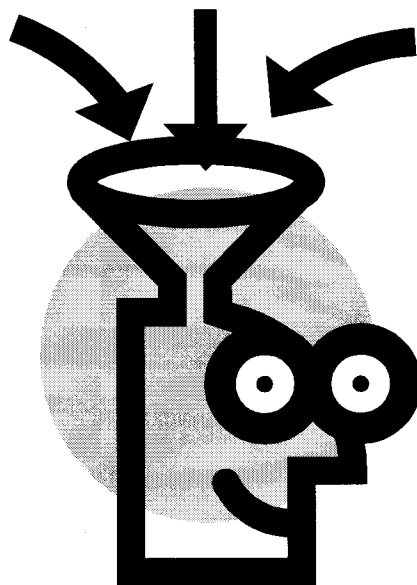


# **Gifted Program Information**



**A Handbook for School Counselors, School Psychologists,  
and Teachers of the Gifted**

**2009-2010**

**Duval County Public Schools  
1701 Prudential Drive  
Jacksonville, Florida 32207**

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# **Duval County Public Schools Program for the Gifted**

## **Frequently Asked Questions**

### **What is a gifted learner?**

Florida's current definition of giftedness is: *One who has superior intellectual development and is capable of high performance.*

### **Determining eligibility for the gifted program:**

Plan A: A student is eligible for the gifted program if the student: (1) demonstrates a need for a special program, (2) has the majority of characteristics of gifted students according to a standard scale or checklist, and (3) has very superior intellectual development as measured by an individually administered standardized test of intelligence.

Plan B: A student is eligible if the student: (1) is a member of an underrepresented group and (2) meets the criteria specified in an approved school district plan for increasing the participation of under-represented groups in programs for gifted students. Standardized test scores, academic performance and a teacher rating scale determine criteria for eligibility for the gifted program, as well as superior intellectual development as measured by an individually administered standardized test of intelligence.

Under-represented students are defined as:

- a. individuals who are English Language Learners (ELL), or
- b. individuals who are from a low socio-economic status family.

An English Language Learner (ELL) is a student for whom English is not the native language, and who has been identified by results of a nationally-normed test of listening, speaking, reading, and writing.

Students will be identified as being from a low socio-economic family based on the federal guidelines that identify students who are eligible for free or reduced lunch and/or Florida Department of Children and Families guidelines for families whose income falls below federal poverty levels or who are living in low-income housing.

### **Who can recommend students for gifted screening?**

Gifted screening can be initiated at the request of the parents/guardians or the classroom teacher.

### **How do parents/guardians make their request for screening?**

Referrals for gifted screening are made to the principal's designee, typically the school counselor. The counselor begins the multi-step process by completing appropriate

paperwork, conducting a screening, and referring for individual evaluation by a school psychologist, if screening criteria is met.

**How often can a student be screened for the gifted program?**

Once a student has been screened, a minimum of six months must pass before the student can go through the screening process again. The school counselor keeps a log of testing dates.

**How often can a student be evaluated by the school psychologist for the gifted program?**

Under normal circumstances, a student should be evaluated by Duval County school psychologists for gifted services eligibility only once. If new information becomes available or a parent/guardian requests a second psychoeducational evaluation, and it has been more than one calendar year since the first evaluation, the current information should be reviewed by the Multidisciplinary Referral Team (MRT) to determine if a new IQ test will be recommended. The MRT will document their recommendation. A student may be given an individual IQ test by a Duval County school psychologist for consideration of gifted program placement only twice in his entire school career. Private evaluation reports should be given to the school counselor for referral to the MRT as appropriate.

**How long is it between the time that consent is given for testing until the actual testing occurs?**

It varies from school to school and from one time of the school year to another. Each school has an assigned school psychologist; however, each psychologist may be assigned to multiple schools. Students who are recommended for individual testing are placed on a waiting list. When the psychologist arrives at a school, he/she takes the next student on the waiting list to test. Occasionally a student who is in danger of failing, or having emotional problems, is placed ahead of another student waiting to be tested. The testing must be completed within 90 school days that the student is in attendance from the date the signed parental consent for evaluation is received by the school.

**When will the results of the testing be available?**

This information will not be available until all departmental procedures are completed. At that time the school counselor will contact the parent/guardian.

**Can students be tested privately for the gifted program?**

Yes, parents/guardians may pursue private testing, at their own expense. If parents/guardians are interested in pursuing private testing, they may call the Gifted Specialist for names of psychologists that provide testing. After testing is completed, a copy of the private psychological report, as well as copies of test protocols, should be forwarded to the Supervisor of School Psychology for review.

**Can students who attend private school receive gifted services?**

Yes, but only in the **elementary pull-out enrichment program**. For private school students, testing to determine eligibility for gifted services may be requested through the Supervisor of Related Services by calling 390-2078. Duval County Public Schools does not provide services for gifted students in grades K-5 who are enrolled in a **for-profit** private school.

Duval County Public Schools does provide services for gifted students in grades K-5 who are enrolled in a **not-for-profit** private school. These services will be documented on a Service Plan or Educational Plan.

**Can students who are home schooled receive gifted services?**

Duval County Public Schools does not provide services for gifted students who are enrolled in home school.

**Can a student who is eligible for gifted services also have a 504 plan?**

In determining whether a student's mental or physical impairment substantially limits a major life activity, the district compares the student's progress to that of the "average" or typical student. That is, students are not "substantially limited" simply because they are not reaching their potential or achieving A/B grades in a competitive environment or performing well on college entrance examinations. The courts have determined that districts have no duty to maximize student potential under Section 504.

Typically, a gifted student most likely would qualify for a Section 504 plan under medical conditions that impact their participation in the classroom (ex. an extra set of books at home, exemption from physical education as necessary).

**What gifted services are available in Duval County?**

The principal determines the amount of and the type of gifted services at each school. Typically services are provided in the following way:

Elementary: Pull-out/enrichment (resource class one day a week)  
Inclusion (served in the student's regular-education classroom)

Middle School: Content-based curriculum (math, science, social studies and language arts)

High School: Consultative model and/or content-based (offered only at select schools)

**If a student attends a one-day a week resource class, how much makeup work from the regular classroom teacher can he/she be expected to complete?**

In order to provide the most productive experience for the gifted student, it is recommended that the students have no class work to make up on the day they attend their resource class. This is a challenging day and students should not be required to complete their regular class assignments for the entire time they missed in addition to the assignments they have completed in the resource class. Regular homework assignments required by the classroom teacher are acceptable, as well as requirements to make up tests that were missed.

**Does gifted placement guarantee admittance to a magnet school?**

No. Admittance to a magnet school is based on a lottery. For current information regarding magnet programs go to [www.magnetprograms.com](http://www.magnetprograms.com).

**If a student moves from one Duval County Public School to another, will they automatically continue to receive gifted services?**

Yes.

**If a student moves into Duval County and was previously receiving gifted services, will they automatically receive gifted services here?**

Students who transfer from a school district **within the state** are eligible to receive gifted services if there is evidence they were found eligible for the program and received gifted services in their previous school. A new Education Plan (EP) is required. The records for in-state transfers should be referred to the school's Admissions Representative for verification and placement in program.

Students who transfer from a school district **out-of-state** may be provisionally placed in the gifted program if there is evidence that they were receiving gifted services in their previous state. Because many states have different requirements from Florida, the student may receive services but will need to meet Florida requirements to remain in the program. If psychoeducational testing was not required in the previous state, new testing must take place. If consent for new testing is not received from the parent/guardian within a six month time frame, the student will be exited from the program. Transfer students will bypass the screening portion of the evaluation process and go directly to the psychoeducational evaluation.

- Parent/Guardian may provide evidence to the school that the student was previously receiving gifted services. This could be a report card that indicates gifted classes, eligibility/placement documentation, or a gifted education plan.
- The records for out-of-state transfers should be referred to the school's Admissions Representative for verification, eligibility consideration, and placement in the program.

**What happens if a student needs to be exited from the program?**

Students can be exited from the program at a parent/guardian's request. The parent/guardian needs to write a letter to the school principal requesting removal from the program. The counselor will forward a copy of the letter to the District Exceptional Education/Student Services (EE/SS) Department and file the original letter in the student's cumulative folder. If the student is ready to re-enter the program, a letter requesting re-entry is required and should be given to the counselor for forwarding to EE/SS Admissions and Placement.

## **Definition**

Rule 6A-6.03019(1) of the Florida Administrative Code defines a gifted student as “one who has superior intellectual development and is capable of high performance.”

## **Applicable State Rules**

1. Rule 6A-6.03019(2) provides that “a student is eligible for special instructional programs for the gifted if the student meets the criteria under paragraph 2(a) or (b) of the rule.”
2. Rule 6A-6.03019 Subpart 2(a) states that the student is eligible if the student demonstrates:
  - a. need for a special program,
  - b. a majority of the characteristics of gifted students according to a standard scale or checklist, and
  - c. superior intellectual development measured by an intelligence quotient of two (2) standard deviations or more above the mean on an individually administered standardized test of intelligence.

**This is commonly referred to as Plan A.**

3. Rule 6A-6.03019 Subpart 2(b) states that the student is eligible if “the student is a member of an under-represented group and meets the criteria specified in an approved school district plan for increasing the participation of under-represented groups in programs for gifted students.” Under-represented students are defined as groups:
  - a. who are from a low socio-economic status family or
  - b. who are English Language Learners (ELL).

**This is commonly referred to as Plan B.**

## **Nomination and Screening**

**NOTE: The school counselor, or Principal designee, in each school coordinates all screening and referral activities.**

### **Nomination**

Students who have been previously individually evaluated by a school psychologist and did not meet eligibility criteria must be referred to the Multidisciplinary Referral Team (MRT) for discussion.

A student may be nominated for gifted screening under one of the three nomination strands: parent/guardian nomination, teacher recommendation, and performance test scores. The performance test nomination strand has been expanded to include an achievement test score of 80<sup>th</sup> percentile or greater in reading AND math; OR 90<sup>th</sup> percentile or greater in reading OR math; OR FCAT reading or math score of 5.

### **Screening**

For all students referred, a *Gifted Characteristics Checklist* (See Procedures for Plans A and B) will be completed by at least one of the referred student's teachers, after parent/guardian consent has been obtained. The checklist will be used as an element in determining eligibility for program placement and developing an appropriate Education Plan (EP).

A student who scores at the 98<sup>th</sup> percentile or higher on two total batteries of a nationally normed achievement test may be referred **directly** for individual psychoeducational testing, eliminating the administration of a screening instrument or the completion of the *Gifted Screening Criteria for Underrepresented Students* form. (See procedures for High Achievement Test Scores.)

#### **Plan A:**

The student is screened using a district approved screening instrument. All procedures for handling a secure test must be followed. If the score is 120 or higher the student is referred for individual psychoeducational testing. **NOTE:** Students with a Section 504 plan or an IEP that includes test accommodations are not allowed extended time. Procedures for Plan A begin on page 12.

#### **Plan B:**

The student is screened using the *Gifted Characteristics Checklist*, academic performance, and/or standardized assessment. Procedures for Plan B begin on page 29.



### **Low SES**

Students will be identified as being from a low socio-economic family based on the federal guidelines that identify students who are eligible for free or reduced lunch and/or Florida Department of Children and Families Services' guidelines for families whose income falls below federal poverty levels or who are living in low-income housing.

#### **Low SES K-3**

For students in grades kindergarten through third, the *Gifted Characteristics Checklist* and the student's academic performance will serve as the two screening measures. The student must receive at least a total of 56 points on the two screening measures in order to be referred for individual psychoeducational testing.

#### **Low SES 4-12**

For students in grades four through twelve, the *Gifted Characteristics Checklist* will be used in conjunction with the student's academic performance in the areas of reading or language arts, and math, for the two most recent grading periods. Performance in the areas of reading and math on a standardized achievement assessment is also a determining factor. The student must receive at least a total of 63 points on these screening measures in order to be referred for individual psychoeducational testing.

### **ELL (English Language Learner)\***

An English Language Learner (ELL) is a student for whom English is not the native language, and who has been identified by results of a nationally-normed test of listening, speaking, reading, and writing.

**When an ELL student is nominated for the gifted program, the District English for Speakers of Other Languages (ESOL) department should provide translation services for parents/guardians and students, as needed.**

#### **ELL K-3**

For students in grades kindergarten through third, the *ELL Gifted Characteristics Checklist* and the student's academic performance will serve as the two screening measures. The student must receive at least a total of 56 points on the two screening measures in order to be referred for individual psychoeducational testing.

#### **ELL 4-12**

For students in grades four through twelve, the *ELL Gifted Characteristics Checklist* will be used in conjunction with the student's academic performance in reading or language arts, and math, for the two most recent grading periods. The student must receive at least a total of 63 points on the two screening measures in order to be referred for individual psychoeducational testing.

**\*As designated on Genesis, "English Language Learner" refers to a student who is, at the time of screening, identified as:**

- **LY=students currently enrolled in ESOL**
- **LN=K-12 ELL students not enrolled in classes for ELL students**
- **LT=students who are eligible but are awaiting ESOL testing**
- **LP=students who are identified but not yet placed in the ESOL program**
- **LF=students who have exited the ESOL program within the past two years**

## Eligibility and Student Evaluation Procedure

A student is eligible for special instructional programs for the gifted according to State Board Rule 6A-6.03019, FAC.

Plan A eligibility requirements:

- need for a special program, and
- a majority of characteristics of gifted students according to a standard scale or checklist, and
- superior intellectual development, as follows:

WISC IV	Full Scale IQ 130 General Ability Index (GAI) 130 or higher if referenced in report narrative by school psychologist
Stanford Binet 5	Full Scale IQ 130
Differential Ability Scales-2	General Conceptual Ability (GCA) 130

**OR**

Plan B eligibility requirements:

- need for a special program, and
- a majority of characteristics of gifted students according to a standard scale or checklist, and
- intellectual development, as follows:

WISC IV	Full Scale IQ 120 General Ability Index (GAI) 120 or higher if referenced in report narrative by school psychologist
Stanford Binet 5	Full Scale IQ 120
Differential Ability Scales-2	General Conceptual Ability (GCA) 120

**Psychoeducational retesting may be undertaken one year or more following initial testing if school personnel and the MRT determine that the previous test administration does not now reflect the student's current ability. Only under extenuating circumstances should a student be given more than two consecutive test administrations. If you feel there is an extenuating circumstance, contact the Supervisor of School Psychology.**

## **Eligibility Staffing**

District procedures for eligibility staffings will be followed. Eligibility and placement in the program for the gifted will be determined by the Eligibility Determination Team (EDT). Factors such as the demonstrated need for a special program, academic performance, observed characteristics of learning, leadership, motivation and creativity, standardized performance evaluations and intellectual assessment should be used in the overall determination of program placement. **The EDT should consider the Plan A or Plan B status of the student at the time of referral for evaluation when determining eligibility.** At the time of staffing, an Educational Plan (EP) will be developed to reflect the appropriate educational goals and objectives for each individual student.

## **Instructional Program**

### **Philosophy**

Gifted children are present in all segments of the population. Gifted children are entitled to broadened access to the gifted program regardless of race, national origin, gender or socio-economic background.

### **Curriculum**

Program opportunities are provided for gifted students in elementary and secondary settings. The elementary program consists of an enrichment class in a pull-out setting or an inclusionary academic setting. The secondary program provides differentiation of the traditional curriculum through content classes, or students may elect to participate in a consultative model.

Once identified, students will participate in existing classes for the gifted using a curriculum that emphasizes the importance of original, creative, and flexible thinking. Students are encouraged to exercise their unique abilities in an environment that nurtures, supports, and respects individual diversity. Creativity, critical thinking, problem solving, leadership and self-awareness are valued components of the curriculum.

Duval County has a curriculum for the K-8 gifted program that is aligned with the Sunshine State Standards. Cooperative learning is used in many curricular areas so that students will learn to value each other's ideas and feelings and share the responsibilities of successful goal attainment. Curriculum networking takes place among schools so that successful curricular ideas are shared and implemented.

**Elementary-**The Elementary Program for the Gifted has a curriculum that was developed by teachers of the gifted. It is designed to be an “enrichment” curriculum, providing opportunities for the intellectually superior learners to participate in an educational program of greater depth with a differentiated curriculum. The program encourages independent efforts, convergent and divergent thinking through inquiry, problem solving, and the decision making process. These experiences are intended to simulate creative and critical thinking, goal setting, in-depth research, inductive and deductive reasoning, initiative and originality through group and self-directed activities. The five areas of the curriculum are: Social Processes, Critical Appreciation, Research Methods, Creative Expression and Scientific Approach.

**Secondary-**There are currently two types of gifted services provided at the secondary level: 1.) Consultation services involve the gifted endorsed teacher providing assistance to students either individually or in small groups. This teacher may also team-teach with or provide the classroom teacher with strategies to better enhance the learning experiences of the gifted student in the regular classroom. 2.) Gifted services may also be provided through the content courses (Science, Math, Language Arts and Social Studies), where the teacher is certified in their subject area and endorsed in Gifted Education. Additionally, the Middle School Program for the Gifted has a supplementary guide that enhances the content based classes offered.

### **Instructional Support**

Instructional support is provided within the school system to assure the appropriateness of identification and the continued educational success of students referred for programs for the gifted. Additional support from the district offices of Guidance Services, Psychological Services, and Exceptional Education and Student Services will be provided to enhance the understanding on the part of school based educators. A district level Specialist for Gifted Programs will provide in-service programs to administrators, teachers, and support personnel. Training will include common characteristics of gifted learners and their unique learning needs.

### **Accountability**

In the elementary programs, students are evaluated by a progress report each nine weeks. The progress reports are reflective of the goals and objectives on the students EP. This is in addition to the regular report card. Also, “tracking cards” are kept on each K-5 student. This is a checklist, corresponding to the curriculum objectives, that tells what skills the student has mastered and what needs to be mastered.

In the inclusionary elementary and secondary classrooms, the regular Duval County Public Schools report cards reflect the student's progress in the gifted content area classes.

# Plan A

## **Procedures for Gifted Referral Plan A**

### **NOMINATION**

1. A student may be nominated for gifted screening under one of the three nomination strands: parent/guardian nomination (sample A1), teacher recommendation, and/or performance test scores. The performance test nomination strand has been expanded to include an achievement test score of 80<sup>th</sup> percentile or greater in reading AND math; OR 90<sup>th</sup> percentile or greater in reading OR math; OR a level 5 on FCAT reading or math.
2. Check cumulative folder to determine whether or not student has been screened or evaluated before:
  - If student has been screened using a district approved screening instrument previously, you must wait 6 months from the date of previous screening before administering the same screening instrument again.
  - If student has had a psychoeducational evaluation previously OR is a student with a disability (SWD), schedule a discussion with the Multidisciplinary Referral Team (MRT) before proceeding. Complete and send home a hard copy of the *Meeting Participation Form* (sample A2). Complete the top portion of a hard copy of the *Referral/Request for Services* form (sample A3).
3. Determine that student is not eligible to be considered under Plan B: low socio-economic (SES) or English Language Learner (ELL).

### **SCREENING**

1. Complete and send home *Notice and Consent for Individual Screening* form (sample A4). Attach a cover letter of explanation (sample A5).
2. If parent/guardian gives consent, perform vision screening unless a current one (less than one year old) is available. Refer student to speech/language pathologist for hearing screening.
3. If student passes the sensory screenings, administer and score the screening instrument. All procedures for handling a secure test must be followed. **NOTE:** Students with a Section 504 plan or an IEP that includes test accommodations are not allowed extended time.
4. If student scores 120 or above, complete a hard copy of the *Informed Notice/Consent for Evaluation* form (sample A6). Attach cover letter (sample A7) and *Procedural Safeguards for Students Who Are Gifted*. If a student scores less than 120 send home a letter explaining results (sample A8.)

5. If consent is received, provide the classroom teacher the *Gifted Characteristics Checklist* (sample A9) to complete. If it is early in the school year, you may need to provide this checklist to the previous year's teacher, if available.
6. If parent/guardian consents to testing, complete *Referral for Gifted Evaluation* (sample A10).
7. Provide copies of the following to the school psychologist:
  - *Informed Notice/Consent for Evaluation*
  - *Referral for Gifted Evaluation*
  - *Gifted Characteristics Checklist*

The Principal's designee is responsible for indicating the date the signed parent consent was received by the school on the *Informed Notice/Consent for Evaluation*. The school psychologist will provide a copy of the consent and the checklist to the Admissions Representative.

## EVALUATION

Testing is scheduled by the school psychologist during the school year. If the testing is not completed during the school year, the school psychologist will make every effort to schedule an appointment with the parent/guardian for summer testing.

## STAFFING

Plan A eligibility requirements:

- a. need for a special program, and
- b. a majority of characteristics of gifted students according to a standard scale or checklist, and
- c. superior intellectual development, as follows:

WISC IV	Full Scale IQ 130 General Ability Index (GAI) 130 or higher if referenced in report narrative by school psychologist
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Stanford Binet 5	Full Scale IQ 130
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Differential Ability Scales-2	General Conceptual Ability (GCA) 130
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### If the student is eligible:

1. Once the evaluation has been completed and the psychoeducational report has been processed, the school counselor schedules the EDT with the Admissions Representative. Follow the procedures in ENCORE for inviting the parent/guardian to a regular EDT meeting. Include the *Parent Survey* (sample A11) with the *Meeting Participation Form*.



2. Once the EDT meeting is scheduled, send a copy of the psychoeducational report and the *Parent Survey* to the teacher of the Gifted, who will develop a draft Education Plan (EP). Allow the teacher two weeks to complete the draft EP prior to the EDT meeting.

**If the student is not eligible:**

1. Once the evaluation has been completed and the psychoeducational report has been processed, the school counselor schedules the EDT with the Admissions Representative. **NOTE:** In ENCORE, the meeting notice is completed by the School Counselor with “X” in all areas except the “A meeting has been scheduled at \_\_\_\_ on \_\_\_\_ at \_\_\_\_” line. This line **must** be completed accurately for information to appear correctly on the *Eligibility Determination* form. The meeting notice is locked and saved, but **not printed**.
2. The EDT, consisting of three (3) professionals, meets and discusses eligibility.
  - a. The Admissions Representative completes the *Eligibility Determination* form and the team signs the form.
  - b. The school counselor completes the *Gifted Ineligible* cover letter (sample A12), attaches enclosures identified on the letter, and mails copy to the parent/guardian.
3. If parent/guardian has questions regarding test results, he/she will contact the school psychologist.
4. If a meeting is requested by the parent/guardian, one will be scheduled.

**Duval County Public Schools  
1701 Prudential Drive  
Jacksonville, FL 32207**

**PARENT/GUARDIAN NOMINATION FORM  
Program for the Gifted**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
Person completing this form \_\_\_\_\_

The following characteristics should be consistently in evidence beyond what is typically found in students of the nominee's age/grade level. For each of the characteristics that you frequently observe, check the appropriate blank.

1.     \_\_\_\_\_ Asks a large number of questions
2.     \_\_\_\_\_ Tries to solve problems and figures things out
3.     \_\_\_\_\_ Has many ideas and usually has a lot to say about them
4.     \_\_\_\_\_ Has vivid, expressive imagination (i.e. likes to make up and tell stories, likes to pretend)
5.     \_\_\_\_\_ Amuses himself or herself
6.     \_\_\_\_\_ Likes to make new things from ordinary objects
7.     \_\_\_\_\_ Solves problems in more than one way
8.     \_\_\_\_\_ Is sometimes bossy and may not always show interest in helping others
9.     \_\_\_\_\_ Can stay focused on a task for a long period of time
10.    \_\_\_\_\_ Uses vocabulary beyond what is usual for children his/her age

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1701 Prudential Drive  
Jacksonville, FL 32207

✓  
Date  
✓  
School Number

### Meeting Participation Form

✓ Student First Name ✓ Student Last Name ✓ Student Number ✓ Date of Birth ✓ School Name  
✓ Parent/Guardian First Name ✓ Parent/Guardian Last Name ✓ Street Address ✓ City ✓ State ✓ Zip Code

To the Parent(s)/Guardian(s)/Adult Student/ ✓  
Name of Transition Aged Student

For students with disabilities only; when identifying transition service needs/postsecondary goals, the student will be invited and a copy of this form provided to the student. Under the Individuals with Disabilities Act (IDEA) and State Law, when a legally competent student turns the age of majority (age 18), s/he has all rights pertaining to education transferred to him/her; including a copy of this and other notices/consents.

Parents of a child who previously received early intervention services under Part C of IDEA may request that a Part C service coordinator or other representative of the Part C system be invited to attend the Initial IEP Team Meeting.

A meeting has been scheduled at ✓ School ✓ Location/Rm # on ✓ Date at ✓ Time

#### Purpose(s) for Meeting:

- |  |   |
|--|---|
| <input type="checkbox"/> Parent Conference   | <input type="checkbox"/> Consideration of FCAT Waiver (12 <sup>th</sup> Grade Only) |
| <input type="checkbox"/> Discussion/development of Service Plan                            | <input type="checkbox"/> Development of Individual Educational Plan (IEP)           |
| <input type="checkbox"/> Discussion/development of Section 504 Plan                        | <input type="checkbox"/> Review/update Individual Educational Plan (IEP)            |
| <input type="checkbox"/> Discussion of behavior  | <input type="checkbox"/> Consideration of transition services (age 14+)             |
| <input checked="" type="checkbox"/> Discussion of referral for evaluation                  | <input type="checkbox"/> Consideration of postsecondary goals (age 16+)             |
| <input type="checkbox"/> Review of evaluation information and determination of eligibility | <input type="checkbox"/> Development of Education Plan (EP)                         |
| <input type="checkbox"/> Discussion of appropriate placement                               | <input type="checkbox"/> Review/update Education Plan (EP)                          |
| <input type="checkbox"/> Consideration of change in eligibility                            | <input type="checkbox"/> Discussion of reevaluation/review                          |
| <input type="checkbox"/> Consideration of dismissal from                                   | <input type="checkbox"/> Other  |

#### ✓ The following people are invited to participate in the meeting:

Name	Position	Name	Position	Name	Position
	LEA Representative				

#### Response from Parent(s)/Guardian(s)/Student

Please check one, sign and return original to your child's school.

- |  |   |
|--|---|
| <input type="checkbox"/> I will attend on the above date and time.                           | <input type="checkbox"/> I wish to participate via phone conference on the above date and time.<br>Please contact me at the following number: _____ |
| <input type="checkbox"/> I am unable to attend and give my permission to proceed without me. | <input type="checkbox"/> I am unable to attend and wish to reschedule the meeting.<br>Please contact me at the following number: _____              |

Signature of Parent(s)/Guardian(s)/Adult Student

Date

You have the right to bring someone who has specific knowledge and/or expertise regarding your child. I plan to bring: \_\_\_\_\_

If you have any question(s) or require accommodation(s), in accordance with the American with Disabilities Act (ADA), please contact:

✓ Name ✓ Position at ✓ Phone

As parent (s)/guardian(s) of a child with a disability or suspected disability, you have protections under the attached procedural safeguards under the Individual with Disabilities Education Act under Rule 6A.6.03311, FAC. For your Gifted student or potentially Gifted student, you have protections under the Procedural Safeguards under Rule 6A.6.03313, FAC. Further explanations of rights and copies may be obtained from the Principal or designee:

✓ Name ✓ Position at ✓ Phone

#### Office Use: Record of Contact Attempts

1. Date	Type:	Results:	By:
2. Date	Type:	Results:	By:
3. Date	Type:	Results:	By:

### Referral/Request for Services

✓ Student First Name ✓ Student Last Name ✓ Student Number ✓ Date of Birth ✓ School Name  
✓ Parent/Guardian First Name ✓ Parent/Guardian Last Name ✓ Street Address ✓ City ✓ State ✓ Zip Code

Grade: ✓ Phone: ✓ Referring Teacher(s): ✓

Current Program(s): ✓

#### ✓ Reason for Referral (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Academic Difficulties | <input type="checkbox"/> Health/Medical Problems | <input type="checkbox"/> Developmental Concerns  |
| <input type="checkbox"/> Reading               | <input type="checkbox"/> Motor Difficulties      | <input type="checkbox"/> Communication Difficulties                                    |
| <input type="checkbox"/> Math                  | <input type="checkbox"/> Visual Difficulties     | <input type="checkbox"/> Social/Behavior Difficulties                                  |
| <input type="checkbox"/> Writing               | <input type="checkbox"/> Hearing Difficulties    | <input type="checkbox"/> Attention Difficulties  |
| <input type="checkbox"/> Oral Language         | <input type="checkbox"/> Other _____             | <input checked="" type="checkbox"/> Gifted: Retest _____<br>(Date of Previous Testing) |

#### ✓ Background Data

Hearing: <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail Date: _____	Cochlear Implant: <input type="checkbox"/> No <input type="checkbox"/> Yes
Vision: <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail Date: _____	Hearing Aid(s): <input type="checkbox"/> No <input type="checkbox"/> Right <input type="checkbox"/> Left
Speech: <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail Date: _____	Glasses: <input type="checkbox"/> No <input type="checkbox"/> Yes
Language: <input type="checkbox"/> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail Date: _____	

On \_\_\_\_\_ the Multidisciplinary Team met and determined that: (Check appropriate items)

- |   |   |   |                          |                          |  |   |   |                          |                          |
|---|---|---|--------------------------|--------------------------|--|---|---|--------------------------|--------------------------|
| <input type="checkbox"/> Appropriate interventions/screenings/observations have been completed, and no further services of the Team are indicated at this time.                                   |   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/> The case will be referred to school based Problem Solving/Response to Intervention Team (TARGETeam) for:   |   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/> Additional Intervention(s)   | <input type="checkbox"/> Support Services (specify) _____   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/> Observation(s)   | <input type="checkbox"/> Additional Screenings (specify) _____  |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/> Other _____  |   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/> Appropriate interventions/screenings/observations have been completed, results discussed, and individual testing/evaluation is recommended: (R = Review; E = Evaluation) | <input type="checkbox"/> Individual testing/evaluation, at parent request, is recommended concurrent with appropriate interventions and observations: |   |                          |                          |  |   |   |                          |                          |
| <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Cognitive Evaluation   | R   | E | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Behavioral Observation(s)       | R | E | <input type="checkbox"/> | <input type="checkbox"/> |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |
| <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Academic Evaluation  | R   | E | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Occupational Therapy Evaluation | R | E | <input type="checkbox"/> | <input type="checkbox"/> |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |
| <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Speech Evaluation  | R   | E | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Adaptive Behavior Assessment    | R | E | <input type="checkbox"/> | <input type="checkbox"/> |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |
| <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Language Evaluation  | R   | E | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Social/Developmental History    | R | E | <input type="checkbox"/> | <input type="checkbox"/> |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |
| <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Autism Spectrum Evaluation                                     | R   | E | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Vision/ Hearing Screening       | R | E | <input type="checkbox"/> | <input type="checkbox"/> |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |
| <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Other _____  | R   | E | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Vocational Summary              | R | E | <input type="checkbox"/> | <input type="checkbox"/> |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |
| <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Other _____  | R   | E | <input type="checkbox"/> | <input type="checkbox"/> | <table border="0"><tr><td>R</td><td>E</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> Other _____                     | R | E | <input type="checkbox"/> | <input type="checkbox"/> |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |
| R   | E   |   |                          |                          |  |   |   |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/>  |   |                          |                          |  |   |   |                          |                          |

Comments:

Principal or Designee

School Psychologist

ESE Director/Designee

(Indicate Position)

General Education Teacher

(Indicate Position)

Parent/Guardian

(Indicate Position)

As parent(s)/guardian(s) of a child with a disability or suspected disability, you have protections under the attached procedural safeguards under the Individuals With Disabilities Education Act and Rule 6A-6.03311, FAC. For your Gifted student or potentially Gifted student, you have protections under the Procedural Safeguards under Rule 6A6.03313, FAC. Further explanations of rights and copies may be obtained from the Principal or Designee.

(Name)

(Position)

(Phone)

**DUVAL COUNTY PUBLIC SCHOOLS**  
**1701 Prudential Drive**  
**Jacksonville, Florida 32207**

**NOTICE and CONSENT for INDIVIDUAL SCREENING**

Date Sent: \_\_\_\_\_

To the Parent/Guardian of: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name/#: \_\_\_\_\_ Grade: \_\_\_\_\_

**In order to determine how to best meet your child's educational needs, one or more of the following screenings will be administered:**

<input checked="" type="checkbox"/> Vision	<input type="checkbox"/> Speech	<input checked="" type="checkbox"/> General Ability	<input type="checkbox"/> Fine Motor
<input checked="" type="checkbox"/> Hearing	<input type="checkbox"/> Language	<input type="checkbox"/> Behavioral	<input type="checkbox"/> Gross Motor
<input type="checkbox"/> Pre-Academic/Academic	<input type="checkbox"/> Other: _____		

- When the results of the screenings are available, you will be notified and given the opportunity to have them explained to you.
- The information gathered through these screenings may be used to plan and develop interventions within your child's current educational setting.
- If any further evaluation is recommended for your child, you will be notified, and your written consent will be requested.

If you have any questions or concerns, please call the contact person listed below:

Name	Title	Phone #
<p><b>Please check one of the following options below:</b></p> <div style="border: 1px solid black; padding: 10px;"> <p><input type="checkbox"/> Yes, I give permission for the individual screening.</p> <p><input type="checkbox"/> No, I do not give permission for the individual screening.</p> <p><input type="checkbox"/> I request a conference to discuss the screening before granting permission. During the school day, I can best be reached at the following phone number :</p> </div>		

**Please check one of the following options below:**

- ☐ Yes, I give permission for the individual screening.

☐ No, I do not give permission for the individual screening.

☐ I request a conference to discuss the screening before granting permission. During the school day, I can best be reached at the following phone number :

**Please sign, date, and return this form to the school's contact person listed above:**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

COVER LETTER (REFERRAL)

SCHOOL LETTERHEAD

Date: \_\_\_\_\_

Dear Parent/Guardian,

Your child, \_\_\_\_\_, is being considered for possible evaluation for the Duval County Program for the Gifted. In gathering information for the screening, we request your assistance by signing and returning the *Notice and Consent for Individual Screening*. Please return the consent form to the Guidance Office by \_\_\_\_\_.

You will be notified of the screening results at a later date. Please feel free to contact me at \_\_\_\_\_ if you have any questions.

Sincerely,

School Counselor

**OFFICE USE**

Date Received by School: ☒  
 Date Received by Dated by  
 Regional/District Office: Psychologist

**Duval County Public Schools**  
**Exceptional Student Education**  
**1701 Prudential Drive**  
**Jacksonville, FL 32207**

Date

School Number

**Informed Notice/Consent for Evaluation**

✓ Student First Name ✓ Student Last Name ✓ Student Number ✓ Date of Birth ✓ School Name  
 ✓ Parent/Guardian First Name ✓ Parent/Guardian Last Name ✓ Street Address ✓ City ✓ State ✓ ZipCode  
 Grade: ✓ Phone: ✓

To: Parent(s)/Guardian(s)/Adult Student:

Your child is suspected of being a student with a disability or potentially gifted; therefore, an individual evaluation or review of records is recommended. This recommendation is based upon the information gathered regarding the following: existing social, psychological, medical and achievement data, attendance records, screenings for vision and hearing, anecdotal records or behavioral observations, parent involvement/communication, and evidence based general education interventions or parent request.

The following educational options have been considered or used with your child:

☐ Response to Intervention ☐ School Safety Net Programs ☐ ESOL ☒ Other N/A  
☐ Section 504 Plan ☐ Attendance Plan ☐ Full Service School ☐ Other

These options were determined insufficient as the primary method of assisting your child in meeting his/her educational needs.

If any other factors were relevant to the district's proposal, they included: Screening test score:Screening test name:

The Multidisciplinary Referral Team requests your consent to review information and/or to conduct the following evaluation(s). You will be advised of the results of the evaluation(s) upon completion: (R = Review; E = Evaluate)

<input type="checkbox"/> R <input checked="" type="checkbox"/> E Cognitive Evaluation	<input type="checkbox"/> R <input type="checkbox"/> E Behavioral Observation(s)	<input type="checkbox"/> R <input type="checkbox"/> E Occupational Therapy Evaluation	<input type="checkbox"/> R <input type="checkbox"/> E Adaptive Behavior Assessment
<input type="checkbox"/> Academic Evaluation	<input type="checkbox"/> Behavior Checklist(s)	<input type="checkbox"/> Physical Therapy Evaluation	<input type="checkbox"/> Social/Developmental History
<input type="checkbox"/> Speech Evaluation	<input type="checkbox"/> Functional Behavioral Assessment	<input type="checkbox"/> Audiological Evaluation	<input type="checkbox"/> Vision/Hearing Screening
<input type="checkbox"/> Language Evaluation	<input type="checkbox"/> Social/Emotional Evaluation	<input type="checkbox"/> Medical Evaluation	<input type="checkbox"/> Vocational Summary
<input type="checkbox"/> Autism Spectrum Evaluation	<input checked="" type="checkbox"/> Other: <u>Gifted Characteristics Checklist</u>	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Does the student need an interpreter/translator for testing/evaluation? ☐ No ☐ Yes: (specify) \_\_\_\_\_

Comments:

**PARENT CONSENT FOR INITIAL EVALUATION** ☐ Update Initial Referral Meeting Required

Please check one, sign, and return to your child's school. If you have any questions, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
 Name/Position Phone

☐ YES, I give permission for evaluation and understand my rights as explained on the Summary of Procedural Safeguards.  
☐ I request a conference before giving permission for testing. Please contact me at \_\_\_\_\_  
☐ NO, I do not give permission for evaluation for the following reasons: \_\_\_\_\_

Parent(s)/ Guardian(s) Signature

Date

As parent(s)/guardian(s) of a child with a disability or suspected disability, you have protections under the attached procedural safeguards under the Individuals With Disabilities Education Act and Rule 6A-6.03311, FAC. For your Gifted student or potentially Gifted student, you have protections under the Procedural Safeguards under Rule 6A6.03313, FAC. Further explanations of rights and copies may be obtained from the Principal or Designee.

(Name)

(Position)

(Phone)

COVER LETTER (PLAN A ELIGIBLE)

SCHOOL LETTERHEAD

Date: \_\_\_\_\_

Dear Parent/Guardian,

Your child, \_\_\_\_\_, was recently administered the \_\_\_\_\_ as part of the screening process to determine eligibility for evaluation for the Gifted program. Based on your child's score of \_\_\_\_\_, he/she qualifies for further evaluation by the school psychologist. This testing will determine if your child meets final eligibility requirements for the Gifted Program.

Please sign the enclosed *Informed Notice/Consent for Evaluation* form and return it to the school Guidance Office by \_\_\_\_\_. The *Procedural Safeguards for Students Who Are Gifted* is for your information. You will be notified of the evaluation results at a later date.

If you have any questions about this information, you may contact me at \_\_\_\_\_.

Sincerely,

School Counselor



COVER LETTER (PLAN A INELIGIBLE)

SCHOOL LETTERHEAD

Date: \_\_\_\_\_

Dear Parent/Guardian,

Your child, \_\_\_\_\_, was recently administered the \_\_\_\_\_ as a part of the process to determine the need for evaluation for the Gifted program. A score of 120 or higher is required for a student to be considered for further evaluation. Based on your child's score of \_\_\_\_\_, he/she does not qualify for further evaluation at this time.

Although your child does not qualify for further evaluation, he/she is an outstanding student and we know you are proud of your child's achievements. We look forward to his/her continued success in school.

If you have any questions about this information, you may contact me at \_\_\_\_\_.

Sincerely,

School Counselor

## GIFTED CHARACTERISTICS CHECKLIST

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Student Number \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

Directions: Read each statement carefully and place an X in the appropriate column according to the following scale of values: (2) Frequently Observed, (1) Occasionally Observed, (0) Never Observed. To obtain score, add total points.

	2	1	0
<b>LEARNING</b>			
1. Learns quickly from limited exposure.			
2. Interest and knowledge beyond age group.			
3. Exceptional mastery and recall of facts.			
4. Has advanced vocabulary for age or grade level.			
5. Proficient use of communication skill(s).			
6. Reads or learns independently.			
7. Shows a preference for specific subjects.			
8. Sees relationships among separate concepts/facts/objects.			
9. Asks many/diverse questions.			
10. Pursues cause-effect relationships.			
<b>LEADERSHIP</b>			
1. Utilizes problem-solving skills.			
2. Relates better to older age groups.			
3. Is assertive about personal beliefs.			
4. Tends to dominate others.			
5. Expresses opinions freely.			
6. Judgmental of people, events, things.			
7. Has attention/respect of others.			
8. Perceived as a leader in the class/group.			

9. Has difficulty in peer relationships.			
10. Seeks positions of responsibility.			
<b>MOTIVATION</b>			
1. Likes to study difficult subjects.			
2. Has an inquisitive mind.			
3. Dislikes rigid time lines/schedules.			
4. Is adventurous; willing to accept challenges.			
5. Strives for perfection.			
6. Is self-critical.			
7. Is self-confident.			
8. Desires to share knowledge.			
9. Unwilling to accept authority without critical examination.			
10. Has strong sensitivity and perception skills.			
<b>CREATIVITY</b>			
1. Has diverse interests.			
2. Exhibits spontaneous ideas/behaviors.			
3. Generates many ideas/solutions.			
4. Offers unique/unusual responses.			
5. Has a high-level of abstract thinking.			
6. Thinks faster than the ability to write/express.			
7. Is annoyed by routine details.			
8. Has a strong sense of imagination/fantasy.			
9. Recognizes and responds to subtle humor.			
10. Behaves as an individual: does not fear to be different.			

**Total Points** \_\_\_\_\_

## REFERRAL FOR GIFTED EVALUATION

✓ Date \_\_\_\_\_

✓ Form Completed By: \_\_\_\_\_

Student Name	Student Number	Grade	DOB	School Name and Number
✓	✓	✓	✓	✓

✓ Parent/Guardian:	
✓ Address:	
✓ Phone:	
✓ E-mail Address:	

### Sensory Screening Information:

✓ Hearing Screening	Date Passed:	Hearing Aids: <input type="checkbox"/> Yes <input type="checkbox"/> No
✓ Vision Screening	Date Passed:	Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No

### Gifted Screening Information:

<input type="checkbox"/> Otis-Lennon School Ability Test	Date:	Score: (must be 120 or higher)
<input type="checkbox"/> Screening Assessment for Gifted Elementary and Middle School Students	Date:	Reasoning Score: (must be 120 or higher)
<input type="checkbox"/> Naglieri Nonverbal Ability Test	Date:	Score: (must be 120 or higher)
<input type="checkbox"/> Plan B Screening Criteria <input type="checkbox"/> low SES <input type="checkbox"/> ELL	Date:	Score:
<input type="checkbox"/> Other Screening Source	Date:	Check one category below
<input type="checkbox"/> Received services in Gifted program in another state without IQ test		
<input type="checkbox"/> 98 <sup>th</sup> percentile or higher in both Reading and Mathematics on a nationally normed achievement test (e.g. SAT-10)		
<input type="checkbox"/> Other (explain):		

**Previously administered individual IQ Test(s) by a school psychologist for gifted evaluation or other ESE eligibility: (must go through MRT to recommend new testing)**

Wechsler Scale	Date:	FSIQ:	GAI:
Stanford-Binet	Date:	FSIQ:	
Differential Ability Scales	Date:	FSIQ:	

**Attach copies of the following required information:**

- ✓ ☐ Gifted Characteristics Checklist
- ✓ ☐ Signed Parent Consent for Evaluation form
- ✓ ☐ Private Evaluation Report (if applicable)

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Directions:

**Please fill in the following information and return this survey to your child's school along with the Meeting Participation Form.** This will enable us to create an Educational Plan that best describes and meets the needs of your child.

### **Parent Survey**

1. What do you consider to be your child's strengths?
  
  
  
  
  
  
  
  
  
  
2. Are there any areas in which you feel your child needs further help?
  
  
  
  
  
  
  
  
  
  
3. What goals do you have for your child? What goals do they have for themselves?
  
  
  
  
  
  
  
  
  
  
4. Does your child have a leadership role in the community? (Scouts, church, etc.)
  
  
  
  
  
  
  
  
  
  
5. What activities outside of school is your child involved in? What are his/her hobbies and interests?
  
  
  
  
  
  
  
  
  
  
6. What do you want your child to gain from participation in the Gifted Program?
  
  
  
  
  
  
  
  
  
  
7. Is there anything else you feel we should know about your child? (health issues? etc.)

**Duval County Public Schools  
Exceptional Education and Student Services  
1701 Prudential Drive  
Jacksonville, Florida 32207**

Dear Parent/Guardian:

Your child, \_\_\_\_\_, was recently referred to the Eligibility Determination Team (EDT) for eligibility consideration for the gifted program in Duval County Public Schools.

The requirements for eligibility in the state of Florida are:

1. a score of two standard deviations above the mean (a full-scale standard score of 130 or greater) on an individually administered intelligence test, and
2. a majority of gifted characteristics on a behavioral characteristics checklist, and
3. a demonstrated need for the program.

Enclosed is a copy of the psychoeducational report and Eligibility Determination form. The Eligibility Determination Team reviewed the data and determined that your child did not meet the state requirements for gifted program.

Although at this time your child did not meet eligibility requirements, we know that you continue to be proud of his/her achievements and abilities. We would encourage you to work with your child's school and classroom teacher to identify opportunities for creativity, enrichment, and avenues to explore your child's strengths.

If you have further questions, please contact the School Psychologist who evaluated your child (name and phone number are included on the enclosed report).

Sincerely,

Enclosures:    Psychoeducational report  
                    Eligibility Determination form  
                    Procedural Safeguards for Students Who Are Gifted

Distribution: Cumulative Folder, District/Cluster Office, Parent(s)/Guardian(s)/Adult Student

6/07

# Plan B

## **Procedures for Gifted Referral Plan B**

### **NOMINATION**

1. A student may be nominated for gifted screening under one of the three nomination strands: parent/guardian nomination (sample B1), teacher recommendation, and performance test scores. The performance test nomination strand has been expanded to include an achievement test score of 80<sup>th</sup> percentile or greater in reading AND math; OR 90<sup>th</sup> percentile or greater in reading OR math; OR a level 5 on FCAT reading or math.
2. Check cumulative folder to determine whether or not student has been screened or tested before:
  - If student has had a psychoeducational evaluation previously OR is a student with a disability (SWD), schedule a discussion with the Multidisciplinary Referral Team (MRT) before proceeding. Complete and send home a hard copy of the *Meeting Participation Form* (sample B2). Complete the top portion of a hard copy of the *Referral/Request for Services* form (sample B3).
3. Verify that student is eligible for consideration under Plan B:  
Low socioeconomic status (SES) is identified as eligible for free or reduced lunch, or residing in subsidized housing. Verification of lunch status can be found in Genesis:  
R = Reduced  
F = Free  
H = Free lunch as authorized by CFS  
N = Ineligible  
Verification of subsidized housing is done at each school.

English Language Learner (ELL) refers to a student who is, at the time of screening, identified as:

- LY = students currently enrolled in ESOL
- LN=K-12 ELL students not enrolled in classes for ELL students
- LT = students who are eligible but are awaiting ESOL testing
- LP = students who are identified but not yet placed in the ESOL program
- LF = students who have exited the ESOL program within the past two years

### **SCREENING**

1. Complete and send home *Notice and Consent for Individual Screening* form (sample B4). Attach a cover letter (sample B5).
2. If consent is received, give teacher the appropriate form. If student is low SES, use the *Gifted Characteristics Checklist* (sample B6). If student is ELL, use the *ELL*



*Gifted Characteristics Checklist* (sample B7). If it is early in the school year, you may need to give this checklist to the previous year's teacher, if available.

3. Complete appropriate *Gifted Screening Criteria for Underrepresented Students* form:  
Low SES/ELL K-3 (sample B8)  
Low SES/ELL 4-12 (sample B9)\*

\* If no standardized assessment data are available, the following tests are administered (parent/guardian consent must be obtained using the *Notice and Consent for Individual Screening*):

- Grade 4: CTBS/4 Level 14, Complete Battery, Total Reading and Total Math
- Grade 5: CTBS/5 Level 15, Complete Battery, Total Reading and Total Math  
Total Reading = Vocabulary and Reading Comprehension subtests  
Total Math = Math Computation and Math Concepts and Applications subtests

See the Test Coordinator at your school to order CTBS materials.

4. If required screening criteria score is met, complete and send home a hard copy of the *Informed Notice/Consent for Individual Evaluation* form, (sample B10) and *Procedural Safeguards for Students who are Gifted* with cover letter (sample B11). If required Screening Criteria score is not met, send home ineligible letter (sample B12).
5. If parent/guardian consents to testing, complete *Referral for Gifted Evaluation* (sample B13).
6. Provide copies of the following to the school psychologist:
  - *Informed Notice/Consent for Evaluation*
  - *Referral for Gifted Evaluation*
  - *Gifted Characteristics Checklist*
  - *Gifted Screening Criteria for Underrepresented Students form*

The Principal's designee is responsible for indicating the date the signed parent consent was received by the school on the *Informed Notice/Consent for Evaluation*. The school psychologist will provide a copy of the consent and the checklist to the Admissions Representative.

## EVALUATION

Testing is scheduled by the school psychologist during the school year. If the testing is not completed during the school year, the school psychologist will make every effort to schedule an appointment with the parent/guardian for summer testing.

## STAFFING

Plan B eligibility requirements:

- a. need for a special program, and
- b. a majority of characteristics of gifted students according to a standard scale or checklist, and
- c. intellectual development, as follows:

WISC IV

Full Scale IQ 120

General Ability Index (GAI) 130 or higher if  
referenced in report narrative by school  
psychologist

Stanford Binet 5

Full Scale IQ 120

Differential Ability Scale-2    General Conceptual Ability (GCA) 120

**If the student is eligible:**

1. Once the evaluation has been completed and the psychoeducational report has been processed, the school counselor schedules the EDT with the Admissions Representative. Follow the procedures in ENCORE for inviting the parent/guardian to a regular EDT meeting. Include the *Parent Survey* (sample B14) with the *Meeting Participation Form*.
2. Once the EDT meeting is scheduled, send a copy of the psychoeducational report and *Parent Survey* to the teacher of the Gifted, who will develop a draft Education Plan (EP). Allow the teacher two weeks to complete the draft EP prior to the EDT meeting.

**If the student is not eligible:**

1. Once the evaluation has been completed and the psychoeducational report has been processed, the school counselor schedules the EDT with the Admissions Representative. **NOTE:** In ENCORE, the meeting notice is completed by the School Counselor with "X" in all areas except the "A meeting has been scheduled at \_\_\_\_ on \_\_\_\_ at \_\_\_\_" line. This line **must** be completed accurately for information to appear correctly on the *Eligibility Determination* form. The meeting notice is locked and saved, but **not printed**.
2. The EDT, consisting of three (3) professionals, meets and discusses eligibility.
3. The Admissions Representative completes the *Eligibility Determination* form and the team signs the form.
4. The school counselor completes the *Gifted Ineligible* cover letter (sample B15), attaches enclosures identified on the letter, and mails copy to the parent/guardian.
5. If parent/guardian has questions regarding test results, he/she will contact the school psychologist.
6. If a meeting is requested by the parent/guardian, one will be scheduled.

**Duval County Public Schools  
1701 Prudential Drive  
Jacksonville, FL 32207**

**PARENT/GUARDIAN NOMINATION FORM  
Program for the Gifted**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
Person completing this form \_\_\_\_\_

The following characteristics should be consistently in evidence beyond what is typically found in students of the nominee's age/grade level. For each of the characteristics that you frequently observe, check the appropriate blank.

1.     \_\_\_\_\_ Asks a large number of questions
2.     \_\_\_\_\_ Tries to solve problems and figures things out
3.     \_\_\_\_\_ Has many ideas and usually has a lot to say about them
4.     \_\_\_\_\_ Has vivid, expressive imagination (i.e. likes to make up and tell stories, likes to pretend)
5.     \_\_\_\_\_ Amuses himself or herself
6.     \_\_\_\_\_ Likes to make new things from ordinary objects
7.     \_\_\_\_\_ Solves problems in more than one way
8.     \_\_\_\_\_ Is sometimes bossy and may not always show interest in helping others
9.     \_\_\_\_\_ Can stay focused on a task for a long period of time
10.    \_\_\_\_\_ Uses vocabulary beyond what is usual for children his/her age

Duval County Public Schools  
1701 Prudential Drive  
Jacksonville, FL 32207

Date

School Number

### Meeting Participation Form

✓ Student First Name ✓ Student Last Name ✓ Student Number ✓ Date of Birth ✓ School Name  
✓ Parent/Guardian First Name ✓ Parent/Guardian Last Name ✓ Street Address ✓ City ✓ State ✓ Zip Code

To the Parent(s)/Guardian(s)/Adult Student/ ✓ :  
Name of Transition Aged Student

For students with disabilities only; when identifying transition service needs/postsecondary goals, the student will be invited and a copy of this form provided to the student. Under the Individuals with Disabilities Act (IDEA) and State Law, when a legally competent student turns the age of majority (age 18), s/he has all rights pertaining to education transferred to him/her; including a copy of this and other notices/consents.

Parents of a child who previously received early intervention services under Part C of IDEA may request that a Part C service coordinator or other representative of the Part C system be invited to attend the Initial IEP Team Meeting.

A meeting has been scheduled at ✓ School ✓ Location/Rm # on ✓ Date at ✓ Time

#### Purpose(s) for Meeting:

- |  |   |
|--|---|
| <input type="checkbox"/> Parent Conference   | <input type="checkbox"/> Consideration of FCAT Waiver (12 <sup>th</sup> Grade Only) |
| <input type="checkbox"/> Discussion/development of Service Plan                            | <input type="checkbox"/> Development of Individual Educational Plan (IEP)           |
| <input type="checkbox"/> Discussion/development of Section 504 Plan                        | <input type="checkbox"/> Review/update Individual Educational Plan (IEP)            |
| <input type="checkbox"/> Discussion of behavior  | <input type="checkbox"/> Consideration of transition services (age 14+)             |
| <input checked="" type="checkbox"/> Discussion of referral for evaluation                  | <input type="checkbox"/> Consideration of postsecondary goals (age 16+)             |
| <input type="checkbox"/> Review of evaluation information and determination of eligibility | <input type="checkbox"/> Development of Education Plan (EP)                         |
| <input type="checkbox"/> Discussion of appropriate placement                               | <input type="checkbox"/> Review/update Education Plan (EP)                          |
| <input type="checkbox"/> Consideration of change in eligibility                            | <input type="checkbox"/> Discussion of reevaluation/review                          |
| <input type="checkbox"/> Consideration of dismissal from                                   | <input type="checkbox"/> Other  |

#### ✓ The following people are invited to participate in the meeting:

Name	Position	Name	Position	Name	Position
	LEA Representative				

#### Response from Parent(s)/Guardian(s)/Student

Please check one, sign and return original to your child's school.

- |  |   |
|--|---|
| <input type="checkbox"/> I will attend on the above date and time.                           | <input type="checkbox"/> I wish to participate via phone conference on the above date and time.<br>Please contact me at the following number: _____ |
| <input type="checkbox"/> I am unable to attend and give my permission to proceed without me. | <input type="checkbox"/> I am unable to attend and wish to reschedule the meeting.<br>Please contact me at the following number: _____              |

Signature of Parent(s)/Guardian(s)/Adult Student

Date

You have the right to bring someone who has specific knowledge and/or expertise regarding your child. I plan to bring: \_\_\_\_\_

If you have any question(s) or require accommodation(s), in accordance with the American with Disabilities Act (ADA), please contact:

✓ Name ✓ Position at ✓ Phone

As parent (s)/guardian(s) of a child with a disability or suspected disability, you have protections under the attached procedural safeguards under the Individual with Disabilities Education Act under Rule 6A.6.03311, FAC. For your Gifted student or potentially Gifted student, you have protections under the Procedural Safeguards under Rule 6A.6.03313, FAC. Further explanations of rights and copies may be obtained from the Principal or designee:

✓ Name ✓ Position at ✓ Phone

#### Office Use: Record of Contact Attempts

1. Date	Type:	Results:	By:
2. Date	Type:	Results:	By:
3. Date	Type:	Results:	By:

Referral/Request for Services

✓ Student First Name ✓ Student Last Name ✓ Student Number ✓ Date of Birth ✓ School Name  
✓ Parent/Guardian First Name ✓ Parent/Guardian Last Name ✓ Street Address ✓ City ✓ State ✓ Zip Code  
Grade: ✓ Phone: ✓ Referring Teacher(s): ✓

Current Program(s): ✓

✓ Reason for Referral (Check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Academic Difficulties | <input type="checkbox"/> Health/Medical Problems | <input type="checkbox"/> Developmental Concerns  |
| <input type="checkbox"/> Reading               | <input type="checkbox"/> Motor Difficulties      | <input type="checkbox"/> Communication Difficulties                                    |
| <input type="checkbox"/> Math                  | <input type="checkbox"/> Visual Difficulties     | <input type="checkbox"/> Social/Behavior Difficulties                                  |
| <input type="checkbox"/> Writing               | <input type="checkbox"/> Hearing Difficulties    | <input type="checkbox"/> Attention Difficulties  |
| <input type="checkbox"/> Oral Language         | <input type="checkbox"/> Other _____             | <input checked="" type="checkbox"/> Gifted: Retest _____<br>(Date of Previous Testing) |

✓ Background Data

Hearing: ☐ N/A ☐ Pass ☐ Fail Date: \_\_\_\_\_ Cochlear Implant: ☐ No ☐ Yes  
Vision: ☐ N/A ☐ Pass ☐ Fail Date: \_\_\_\_\_ Hearing Aid(s): ☐ No ☐ Right ☐ Left  
Speech: ☐ N/A ☐ Pass ☐ Fail Date: \_\_\_\_\_ Glasses: ☐ No ☐ Yes  
Language: ☐ N/A ☐ Pass ☐ Fail Date: \_\_\_\_\_

On \_\_\_\_\_ the Multidisciplinary Team met and determined that: (Check appropriate items)

- ☐ Appropriate interventions/screenings/observations have been completed, and no further services of the Team are indicated at this time.
- ☐ The case will be referred to school based Problem Solving/Response to Intervention Team (TARGETeam) for:
- ☐ Additional Intervention(s) ☐ Support Services (specify) \_\_\_\_\_
- ☐ Observation(s) ☐ Additional Screenings (specify) \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Appropriate interventions/screenings/observations have been completed, results discussed, and individual testing/evaluation is recommended: (R = Review; E = Evaluation)
- ☐ Individual testing/evaluation, at parent request, is recommended concurrent with appropriate interventions and observations:

<b>R E</b> <input type="checkbox"/> <input type="checkbox"/> Cognitive Evaluation	<b>R E</b> <input type="checkbox"/> <input type="checkbox"/> Behavioral Observation(s)	<b>R E</b> <input type="checkbox"/> <input type="checkbox"/> Occupational Therapy Evaluation	<b>R E</b> <input type="checkbox"/> <input type="checkbox"/> Adaptive Behavior Assessment
<input type="checkbox"/> <input type="checkbox"/> Academic Evaluation	<input type="checkbox"/> <input type="checkbox"/> Behavior Checklist(s)	<input type="checkbox"/> <input type="checkbox"/> Physical Therapy Evaluation	<input type="checkbox"/> <input type="checkbox"/> Social/Developmental History
<input type="checkbox"/> <input type="checkbox"/> Speech Evaluation	<input type="checkbox"/> <input type="checkbox"/> Functional Behavioral Assessment	<input type="checkbox"/> <input type="checkbox"/> Audiological Evaluation	<input type="checkbox"/> <input type="checkbox"/> Vision/ Hearing Screening
<input type="checkbox"/> <input type="checkbox"/> Language Evaluation	<input type="checkbox"/> <input type="checkbox"/> Social/Emotional Evaluation	<input type="checkbox"/> <input type="checkbox"/> Medical Evaluation	<input type="checkbox"/> <input type="checkbox"/> Vocational Summary
<input type="checkbox"/> <input type="checkbox"/> Autism Spectrum Evaluation	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____

Comments:

Principal or Designee

ESE Director/Designee

General Education Teacher

Parent/Guardian

School Psychologist

(Indicate Position)

(Indicate Position)

(Indicate Position)

As parent(s)/guardian(s) of a child with a disability or suspected disability, you have protections under the attached procedural safeguards under the Individuals With Disabilities Education Act and Rule 6A-6.03311, FAC. For your Gifted student or potentially Gifted student, you have protections under the Procedural Safeguards under Rule 6A6.03313, FAC. Further explanations of rights and copies may be obtained from the Principal or Designee.

(Name)

(Position)

at \_\_\_\_\_  
(Phone)

**DUVAL COUNTY PUBLIC SCHOOLS**  
**1701 Prudential Drive**  
**Jacksonville, Florida 32207**

**NOTICE and CONSENT for INDIVIDUAL SCREENING**

Date Sent: \_\_\_\_\_

To the Parent/Guardian of: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name/ #: \_\_\_\_\_ Grade: \_\_\_\_\_

**In order to determine how to best meet your child's educational needs, one or more of the following screenings will be administered:**

<input checked="" type="checkbox"/> Vision	<input type="checkbox"/> Speech	<input type="checkbox"/> General Ability	<input type="checkbox"/> Fine Motor
<input checked="" type="checkbox"/> Hearing	<input type="checkbox"/> Language	<input type="checkbox"/> Behavioral	<input type="checkbox"/> Gross Motor
<input type="checkbox"/> Pre-Academic/Academic	<input checked="" type="checkbox"/> Other: <i>Gifted Characteristics Checklist</i>		

- When the results of the screenings are available, you will be notified and given the opportunity to have them explained to you.
- The information gathered through these screenings may be used to plan and develop interventions within your child's current educational setting.
- If any further evaluation is recommended for your child, you will be notified, and your written consent will be requested.

If you have any questions or concerns, please call the contact person listed below:

Name	Title	Phone #

**Please check one of the following options below:**

- ☐ Yes, I give permission for the individual screening.

☐ No, I do not give permission for the individual screening.

☐ I request a conference to discuss the screening before granting permission. During the school day, I can best be reached at the following phone number :

**Please sign, date, and return this form to the school's contact person listed above:**

Parent/Guardian Signature	Date
---------------------------	------

COVER LETTER (REFERRAL)

SCHOOL LETTERHEAD

Date: \_\_\_\_\_

Dear Parent/Guardian,

Your child, \_\_\_\_\_, is being considered for possible evaluation for the Duval County Program for the Gifted. In gathering information for the screening, we request your assistance by signing and returning the *Notice and Consent for Individual Screening*. Please return the consent form to the Guidance Office by \_\_\_\_\_.

You will be notified of the screening results at a later date. Please feel free to contact me at \_\_\_\_\_ if you have any questions.

Sincerely,

School Counselor

## GIFTED CHARACTERISTICS CHECKLIST

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Student Number \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

Directions: Read each statement carefully and place an X in the appropriate column according to the following scale of values: (2) Frequently Observed, (1) Occasionally Observed, (0) Never Observed. To obtain score, add total points.

LEARNING	2	1	0
1. Learns quickly from limited exposure.			
2. Interest and knowledge beyond age group.			
3. Exceptional mastery and recall of facts.			
4. Has advanced vocabulary for age or grade level.			
5. Proficient use of communication skill(s).			
6. Reads or learns independently.			
7. Shows a preference for specific subjects.			
8. Sees relationships among separate concepts/facts/objects.			
9. Asks many/diverse questions..			
10. Pursues cause-effect relationships.			
LEADERSHIP			
1. Utilizes problem-solving skills.			
2. Relates better to older age groups.			
3. Is assertive about personal beliefs.			
4. Tends to dominate others.			
5. Expresses opinions freely.			
6. Judgmental of people, events, things.			
7. Has attention/respect of others.			
8. Perceived as a leader in the class/group.			



9. Has difficulty in peer relationships.			
10. Seeks positions of responsibility.			
<b>MOTIVATION</b>			
1. Likes to study difficult subjects.			
2. Has an inquisitive mind.			
3. Dislikes rigid time lines/schedules.			
4. Is adventurous; willing to accept challenges.			
5. Strives for perfection.			
6. Is self-critical.			
7. Is self-confident.			
8. Desires to share knowledge.			
9. Unwilling to accept authority without critical examination.			
10. Has strong sensitivity and perception skills.			
<b>CREATIVITY</b>			
1. Has diverse interests.			
2. Exhibits spontaneous ideas/behaviors.			
3. Generates many ideas/solutions.			
4. Offers unique/unusual responses.			
5. Has a high-level of abstract thinking.			
6. Thinks faster than the ability to write/express.			
7. Is annoyed by routine details.			
8. Has a strong sense of imagination/fantasy.			
9. Recognizes and responds to subtle humor.			
10. Behaves as an individual: does not fear to be different.			

**Total Points** \_\_\_\_\_

## ELL GIFTED CHARACTERISTICS CHECKLIST

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Student Number \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

Directions: Read each statement carefully and place an X in the appropriate column according to the following scale of values: (2) Frequently Observed, (1) Occasionally Observed, (0) Never Observed. To obtain score, add total points.

LEARNING	2	1	0
1. Learns quickly from limited exposure.			
2. Interest and knowledge beyond age group.			
3. Exceptional mastery and recall of facts.			
4. Ability to learn English quickly.			
5. Demonstrates an ability to manipulate all languages spoken.			
6. Reads or learns independently.			
7. Very strong mathematical, analytical, logical skills.			
8. Sees relationships among separate concepts/facts/objects.			
9. Able to adapt quickly to a variety of situations or to new surroundings.			
10. Pursues cause-effect relationships.			
<b>LEADERSHIP</b>			
1. Utilizes problem-solving skills.			
2. Relates better to older age groups.			
3. Rebellious regarding inequities.			
4. Demonstrates social intelligence.			
5. Has feelings of responsibility to his/her cultural community.			
6. Judgmental of people, events, things.			
7. Has attention/respect of others.			
8. Perceived as a leader in the class/group.			
9. Has difficulty in peer relationships.			

10. Accepts home responsibility normally reserved for older children.			
<b>MOTIVATION</b>			
1. Likes to study difficult subjects.			
2. Has an inquisitive mind.			
3. Dislikes rigid time lines/schedules.			
4. Is adventurous; willing to accept challenges.			
5. Strives for perfection.			
6. Is self-critical.			
7. Is a self-starter and self-reliant.			
8. Desires to share knowledge.			
9. Unwilling to accept authority without critical examination.			
10. Has strong sensitivity and perception skills.			
<b>CREATIVITY</b>			
1. Has diverse interests.			
2. Exhibits spontaneous ideas/behaviors.			
3. Is inventive and resourceful.			
4. Offers unique/unusual responses.			
5. Has a high-level of abstract thinking.			
6. Displays elaboration within artwork.			
7. Is annoyed by routine details.			
8. Has a strong sense of imagination/fantasy.			
9. Thinks of unusual ways to solve problems.			
10. Behaves as an individual: does not fear to be different.			

**Total Points** \_\_\_\_\_

**Duval County Public Schools**  
**Exceptional Education/Student Services**  
**Plan B**  
**Gifted Screening Criteria Form for Underrepresented Students**  
**Low SES/ELL Grades K-3**

<input type="checkbox"/> <b>Low SES</b>
1. Student is receiving free/reduced lunch <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Student is living in subsidized housing <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Student meets High Achievement Test Scores Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>ELL</b>
1. Check Status at time of screening: ___ LY=currently enrolled in ESOL ___ LN=K-12 ELL students not enrolled in classes for ELL students ___ LT =eligible but awaiting ESOL testing ___ LP=identified but not yet placed in ESOL ___ LF=exited ESOL in past two years 2. Student meets High Achievement Test Scores Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, do not complete remainder of form.)

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

Student Number \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name and Title of Person Completing Form \_\_\_\_\_

Date Form was Completed \_\_\_\_\_ School Name/# \_\_\_\_\_

**Indication of need for special program as evidenced by:**

- \_\_\_ Demonstrates ability beyond the general curriculum  
 \_\_\_ Critical and/or creative thinker  
 \_\_\_ Leadership potential  
 \_\_\_ Self-motivated learner  
 \_\_\_ Other \_\_\_\_\_

**Screening Information:**

- I. ☐ **GIFTED CHARACTERISTICS CHECKLIST**  
☐ **ELL GIFTED CHARACTERISTICS CHECKLIST**

Enter points earned. **Points** \_\_\_\_\_

If it is early in the school year, you may need to give this checklist to the previous year's teacher, if available.

**II. ACADEMIC PERFORMANCE from the last two grading periods.**

**Check all that apply – 1 point for each item checked**

- \_\_\_ The student is reading above grade level  
 \_\_\_ The student is mathematically above grade level  
 \_\_\_ The student is exhibiting advanced writing skills  
 \_\_\_ The student is finishing assigned work early and accurately  
 \_\_\_ The student knows a large portion of the standard curriculum being taught  
 \_\_\_ (ELL only) The student has a Language Assessment Scale (LAS) of 4 or 5

**Points:** \_\_\_\_\_

**56 points or greater required for further evaluation**

**TOTAL POINTS:** \_\_\_\_\_

**Referred for psycho-educational evaluation:** ☐ Yes ☐ No

**Required full scale IQ score of 120 or higher on the psychoeducational evaluation.**

**Duval County Public Schools**  
**Exceptional Education/Student Services**  
**Plan B**  
**Gifted Screening Criteria Form for Underrepresented Students**  
**Low SES/ELL Grades 4-12**

<input type="checkbox"/> <b>Low SES</b>
1. Student is receiving free/reduced lunch <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Student is living in subsidized housing <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Student meets High Achievement Test Scores Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>ELL</b>
1. Check Status at time of screening: ___ LY=currently enrolled in ESOL ___ LN=K-12 ELL students not enrolled in classes for ELL students ___ LT=eligible but awaiting ESOL testing ___ LP=identified but not yet placed in ESOL ___ LF=exited ESOL in past two years 2. Student meets High Achievement Test Scores Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, do not complete remainder of form.)

Student Name \_\_\_\_\_  
 Student Number \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name and Title of Person Completing Form \_\_\_\_\_  
 Date Form was Completed \_\_\_\_\_ School Name/# \_\_\_\_\_

**Indication of need for special program as evidenced by:**

\_\_\_\_\_ Demonstrates ability beyond the general curriculum  
 \_\_\_\_\_ Critical and/or creative thinker  
 \_\_\_\_\_ Leadership potential  
 \_\_\_\_\_ Self-motivated learner  
 \_\_\_\_\_ Other \_\_\_\_\_

**Screening Information:**

- I. ☐ GIFTED CHARACTERISTICS CHECKLIST**  
☐ **ELL GIFTED CHARACTERISTICS CHECKLIST**

Enter points earned. **Points** \_\_\_\_\_

If it is early in the school year, you may need to give this checklist to the previous year's teacher, if available.

**II. ACADEMIC PERFORMANCE from the last two grading periods.**

**A = 4 points, B = 3 points, C = 2 points, D = 1 point**

Reading or Language Arts \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
 Math \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**Total Points (Reading or Language Arts + Math)** \_\_\_\_\_

**If Sections I and II total at least 63 points, it is not necessary to complete Section III.**

**III. STANDARDIZED ASSESSMENT DATA**

If no test scores are available, see Procedures for Gifted Screening Plan B.

Name of test: \_\_\_\_\_ Date of test: \_\_\_\_\_

Percentile score: 90+ = 4 points, 85-89 = 3 points, 80-84 = 2 points, 75-79 = 1 point

Reading \_\_\_\_\_ Math \_\_\_\_\_ Total assessment points: \_\_\_\_\_  
**63 points or greater required for further evaluation** **TOTAL POINTS:** \_\_\_\_\_

**Referred for psycho-educational evaluation:** ☐ Yes ☐ No

**Required full scale IQ score of 120 or higher on the *WISC-IV* or the *Stanford-Binet 5***

**OFFICE USE**Date Received by School: ☒

Date Received by

Regional/District Office:

Dated by  
Psychologist

**Duval County Public Schools  
Exceptional Student Education  
1701 Prudential Drive  
Jacksonville, FL 32207**

Date

School Number

**Informed Notice/Consent for Evaluation**

☒ Student First Name     ☒ Student Last Name     ☒ Student Number     ☒ Date of Birth     ☒ School Name  
☒ Parent/Guardian First Name     ☒ Parent/Guardian Last Name     ☒ Street Address     ☒ City     ☒ State     ☒ ZipCode  
 Grade: ☒ Phone: ☒

To: Parent(s)/Guardian(s)/Adult Student:

Your child is suspected of being a student with a disability or potentially gifted; therefore, an individual evaluation or review of records is recommended. This recommendation is based upon the information gathered regarding the following: existing social, psychological, medical and achievement data, attendance records, screenings for vision and hearing, anecdotal records or behavioral observations, parent involvement/communication, and evidence based general education interventions or parent request.

The following educational options have been considered or used with your child:

☐ Response to Intervention     ☐ School Safety Net Programs     ☐ ESOL     ☒ Other N/A  
☐ Section 504 Plan     ☐ Attendance Plan     ☐ Full Service School     ☐ Other \_\_\_\_\_

These options were determined insufficient as the primary method of assisting your child in meeting his/her educational needs. If any other factors were relevant to the district's proposal, they included: \_\_\_\_\_

The Multidisciplinary Referral Team requests your consent to review information and/or to conduct the following evaluation(s). You will be advised of the results of the evaluation(s) upon completion: (R = Review; E = Evaluate)

<input type="checkbox"/> <b>R</b>	<input checked="" type="checkbox"/> <b>E</b>	<input type="checkbox"/> <b>R</b>	<input type="checkbox"/> <b>E</b>	<input type="checkbox"/> <b>R</b>	<input type="checkbox"/> <b>E</b>	<input type="checkbox"/> <b>R</b>	<input type="checkbox"/> <b>E</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Cognitive Evaluation	<input type="checkbox"/>	<input type="checkbox"/> Behavioral Observation(s)	<input type="checkbox"/>	<input type="checkbox"/> Occupational Therapy Evaluation	<input type="checkbox"/>	<input type="checkbox"/> Adaptive Behavior Assessment
<input type="checkbox"/>	<input type="checkbox"/> Academic Evaluation	<input type="checkbox"/>	<input type="checkbox"/> Behavior Checklist(s)	<input type="checkbox"/>	<input type="checkbox"/> Physical Therapy Evaluation	<input type="checkbox"/>	<input type="checkbox"/> Social/Developmental History
<input type="checkbox"/>	<input type="checkbox"/> Speech Evaluation	<input type="checkbox"/>	<input type="checkbox"/> Functional Behavioral Assessment	<input type="checkbox"/>	<input type="checkbox"/> Audiological Evaluation	<input type="checkbox"/>	<input type="checkbox"/> Vision/Hearing Screening
<input type="checkbox"/>	<input type="checkbox"/> Language Evaluation	<input type="checkbox"/>	<input type="checkbox"/> Social/Emotional Evaluation	<input type="checkbox"/>	<input type="checkbox"/> Medical Evaluation	<input type="checkbox"/>	<input type="checkbox"/> Vocational Summary
<input type="checkbox"/>	<input type="checkbox"/> Autism Spectrum Evaluation	<input type="checkbox"/>	<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/> Other: _____

Does the student need an interpreter/translator for testing/evaluation? ☐ No ☐ Yes: (specify) \_\_\_\_\_

Comments:

**PARENT CONSENT FOR INITIAL EVALUATION**☐ Update Initial Referral Meeting Required

Please check one, sign, and return to your child's school. If you have any questions, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
 Name/Position Phone

- ☐ YES, I give permission for evaluation and understand my rights as explained on the Summary of Procedural Safeguards.  
☐ I request a conference before giving permission for testing. Please contact me at \_\_\_\_\_  
☐ NO, I do not give permission for evaluation for the following reasons: \_\_\_\_\_

Parent(s)/ Guardian(s) Signature

Date

As parent(s)/guardian(s) of a child with a disability or suspected disability, you have protections under the attached procedural safeguards under the Individuals With Disabilities Education Act and Rule 6A-6.03311, FAC. For your Gifted student or potentially Gifted student, you have protections under the Procedural Safeguards under Rule 6A6.03313, FAC. Further explanations of rights and copies may be obtained from the Principal or Designee.

(Name)

(Position)

(Phone)

COVER LETTER (PLAN B ELIGIBLE)

SCHOOL LETTERHEAD

Date: \_\_\_\_\_

Dear Parent/Guardian,

Your child, \_\_\_\_\_, was recently screened to determine the need for evaluation for the Gifted program. He/She qualifies for further evaluation by the school psychologist. This testing will determine if your child meets final eligibility requirements for the Gifted Program.

Please sign the enclosed *Informed Notice/Consent for Evaluation* form and return it to the school Guidance Office by \_\_\_\_\_. The *Procedural Safeguards for Students Who Are Gifted* is for your information. You will be notified of the evaluation results at a later date.

If you have any questions about this information, you may contact me at \_\_\_\_\_.

Sincerely,

School Counselor

COVER LETTER (PLAN B INELIGIBLE)

SCHOOL LETTERHEAD

Date: \_\_\_\_\_

Dear Parent/Guardian,

Your child, \_\_\_\_\_, was recently screened to determine the need for evaluation for the Gifted program. He/She did not meet the minimum qualifying score in this process.

Although your child does not qualify for further evaluation, he/she is an outstanding student and we know you are proud of your child's achievements. We look forward to his/her continued success in school.

If you have any questions about this information, you may contact me at \_\_\_\_\_.

Sincerely,

School Counselor



## REFERRAL FOR GIFTED EVALUATION

✓ Date \_\_\_\_\_

✓ Form Completed By: \_\_\_\_\_

Student Name	Student Number	Grade	DOB	School Name and Number
✓				

✓	Parent/Guardian:	
✓	Address:	
✓	Phone:	
✓	E-mail Address:	

### Sensory Screening Information:

✓ Hearing Screening	Date Passed:	Hearing Aids: <input type="checkbox"/> Yes <input type="checkbox"/> No
✓ Vision Screening	Date Passed:	Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No

### Gifted Screening Information:

<input type="checkbox"/> Otis-Lennon School Ability Test	Date:	Score: (must be 120 or higher)
<input type="checkbox"/> Screening Assessment for Gifted Elementary and Middle School Students	Date:	Reasoning Score: (must be 120 or higher)
<input type="checkbox"/> Naglieri Nonverbal Ability Test	Date:	Score: (must be 120 or higher)
<input type="checkbox"/> Plan B Screening Criteria <input type="checkbox"/> low SES <input type="checkbox"/> ELL	Date:	Score:
<input type="checkbox"/> Other Screening Source	Date:	Check one category below
<input type="checkbox"/> Received services in Gifted program in another state without IQ test		
<input type="checkbox"/> 98 <sup>th</sup> percentile or higher in both Reading and Mathematics on a nationally normed achievement test (e.g. SAT-10)		
<input type="checkbox"/> Other (explain):		

**Previously administered individual IQ Test(s) by a school psychologist for gifted evaluation or other ESE eligibility:** (must go through MRT to recommend new testing)

Wechsler Scale	Date:	FSIQ:	GAI:
Stanford-Binet	Date:	FSIQ:	
Differential Ability Scales	Date:	FSIQ:	

- ✓ **Attach copies of the following required information:**
- ✓ ☐ Gifted Characteristics Checklist
  - ✓ ☐ Signed Parent Consent for Evaluation form
  - ✓ ☐ Private Evaluation Report (if applicable)

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Directions:

**Please fill in the following information and return this survey to your child's school along with the Meeting Participation Form.** This will enable us to create an Educational Plan that best describes and meets the needs of your child.

### **Parent Survey**

1. What do you consider to be your child's strengths?
  
  
  
  
  
  
  
  
  
  
2. Are there any areas in which you feel your child needs further help?
  
  
  
  
  
  
  
  
  
  
3. What goals do you have for your child? What goals do they have for themselves?
  
  
  
  
  
  
  
  
  
  
4. Does your child have a leadership role in the community? (Scouts, church, etc.)
  
  
  
  
  
  
  
  
  
  
5. What activities outside of school is your child involved in? What are his/her hobbies and interests?
  
  
  
  
  
  
  
  
  
  
6. What do you want your child to gain from participation in the Gifted Program?
  
  
  
  
  
  
  
  
  
  
7. Is there anything else you feel we should know about your child? (health issues? etc.)

**Duval County Public Schools  
Exceptional Education and Student Services  
1701 Prudential Drive  
Jacksonville, Florida 32207**

Dear Parent/Guardian:

Your child, \_\_\_\_\_, was recently referred to the Eligibility Determination Team (EDT) for eligibility consideration for the gifted program in Duval County Public Schools.

The requirements for eligibility in the state of Florida are:

1. a score of two standard deviations above the mean (a full-scale standard score of 130 or greater) on an individually administered intelligence test, and
2. a majority of gifted characteristics on a behavioral characteristics checklist, and
3. a demonstrated need for the program.

Enclosed is a copy of the psychoeducational report and Eligibility Determination form. The Eligibility Determination Team reviewed the data and determined that your child did not meet the state requirements for gifted program.

Although at this time your child did not meet eligibility requirements, we know that you continue to be proud of his/her achievements and abilities. We would encourage you to work with your child's school and classroom teacher to identify opportunities for creativity, enrichment, and avenues to explore your child's strengths.

If you have further questions, please contact the School Psychologist who evaluated your child (name and phone number are included on the enclosed report).

Sincerely,

Enclosures: Psychoeducational report  
Eligibility Determination form  
Procedural Safeguards for Students Who Are Gifted

Distribution: Cumulative Folder, District/Cluster Office, Parent(s)/Guardian(s)/Adult Student

6/07

# High Achievement Test Scores

## Procedures for Gifted Referral High Achievement Test Scores

A student who scores at the 98<sup>th</sup> percentile or higher on two total batteries of a nationally normed achievement test in reading and math within the last calendar year may be referred **directly** for individual psychoeducational evaluation. This eliminates the administration of a screening instrument.

1. Complete and send home the *Notice and Consent for Individual Screening* form (sample C1). Attach a cover letter of explanation (sample C2).
2. Upon receiving consent, determine if the student is Plan A or Plan B. (If Plan B, complete the appropriate *Gifted Screening Criteria for Underrepresented Students* form on pages 42-43.) Give the teacher the appropriate *Gifted Characteristics Checklist* to complete. If it is early in the school year, you may need to give this checklist to the previous year's teacher, if available.
3. Complete and send home a hard copy of the *Informed Notice/Consent for Evaluation* form (Sample C3) and the *Procedural Safeguards for Students Who Are Gifted*.
4. If parent/guardian consents to testing, complete the *Referral for Gifted Evaluation* (sample C4).
5. Provide copies of the following to the school psychologist:
  - *Informed Notice/Consent for Evaluation*
  - *Referral for Gifted Evaluation*
  - *Gifted Characteristics Checklist*

The Principal's designee is responsible for indicating the date the signed parent consent was received by the school on the *Informed Notice/Consent for Evaluation*. The school psychologist will provide a copy of the consent and the checklist to the Admissions Representative.

### STAFFING:

Plan A eligibility requirements:

- a. need for a special program, and
- b. a majority of characteristics of gifted students according to a standard scale or checklist, and
- c. superior intellectual development, as follows:

WISC IV

Full Scale IQ 130

General Ability Index (GAI) 130 or higher if referenced in report narrative by school psychologist

Stanford Binet 5

Full Scale IQ 130

Differential Ability Scales-2 General Conceptual Ability (GCA) 130

Plan B eligibility requirements:

- a. need for a special program, and
- b. a majority of characteristics of gifted students according to a standard scale or checklist, and
- c. intellectual development, as follows:

WISC IV

Full Scale IQ 120

General Ability Index (GAI) 120 or higher if  
referenced in report narrative by school  
psychologist

Stanford Binet 5

Full Scale IQ 120

Differential Ability Scales-2 General Conceptual Ability (GCA) 120

**If the student is eligible:**

1. Once the evaluation has been completed and the psychoeducational report has been processed, the school counselor schedules the EDT with the Admissions Representative. Follow the procedures in ENCORE for inviting the parent/guardian to a regular EDT meeting. Include the *Parent Survey* (sample C5) with the *Meeting Participation Form*.
2. Once the EDT meeting is scheduled, send a copy of the psychoeducational report and *Parent Survey* to the teacher of the Gifted, who will develop a draft Education Plan (EP). Allow the teacher two weeks to complete the draft EP prior to the EDT meeting.

**If the student is not eligible:**

1. Once the evaluation has been completed and the psychoeducational report has been processed, the school counselor schedules the EDT with the Admissions Representative. **NOTE:** In ENCORE, the meeting notice is completed by the School Counselor with "X" in all areas except the "A meeting has been scheduled at \_\_\_\_ on \_\_\_\_ at \_\_\_\_" line. This line **must** be completed accurately for information to appear correctly on the *Eligibility Determination* form. The meeting notice is locked and saved, but **not printed**.
2. The EDT, consisting of three (3) professionals, meets and discusses eligibility.
  - a. The Admissions Representative completes the *Eligibility Determination* form and the team signs the form.

- b. The School Counselor completes the *Gifted Ineligible* cover letter (sample C6), attaches enclosures identified on the letter, and mails copy to the parent/guardian.
3. If parent/guardian has questions regarding test results, he/she will contact the school psychologist.
4. If a meeting is requested by the parent/guardian, one will be scheduled.

**DUVAL COUNTY PUBLIC SCHOOLS**  
**1701 Prudential Drive**  
**Jacksonville, Florida 32207**

**NOTICE and CONSENT for INDIVIDUAL SCREENING**

Date Sent: \_\_\_\_\_

To the Parent/Guardian of: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name/ #: \_\_\_\_\_ Grade: \_\_\_\_\_

**In order to determine how to best meet your child's educational needs, one or more of the following screenings will be administered:**

<input checked="" type="checkbox"/> Vision	<input type="checkbox"/> Speech	<input type="checkbox"/> General Ability	<input type="checkbox"/> Fine Motor
<input checked="" type="checkbox"/> Hearing	<input type="checkbox"/> Language	<input type="checkbox"/> Behavioral	<input type="checkbox"/> Gross Motor
<input type="checkbox"/> Pre-Academic/Academic	<input checked="" type="checkbox"/> Other: <i>Gifted Characteristics Checklist</i>		

- When the results of the screenings are available, you will be notified and given the opportunity to have them explained to you.
- The information gathered through these screenings may be used to plan and develop interventions within your child's current educational setting.
- If any further evaluation is recommended for your child, you will be notified, and your written consent will be requested.

If you have any questions or concerns, please call the contact person listed below:

Name	Title	Phone #

**Please check one of the following options below:**

- ☐ Yes, I give permission for the individual screening.

☐ No, I do not give permission for the individual screening.

☐ I request a conference to discuss the screening before granting permission. During the school day, I can best be reached at the following phone number :

**Please sign, date, and return this form to the school's contact person listed above:**

Parent/Guardian Signature	Date
---------------------------	------



COVER LETTER (REFERRAL)

SCHOOL LETTERHEAD

Date: \_\_\_\_\_

Dear Parent/Guardian,

Your child, \_\_\_\_\_, is being considered for possible evaluation for the Duval County Program for the Gifted. In gathering information for the screening, we request your assistance by signing and returning the *Notice and Consent for Individual Screening*. Please return the consent form to the Guidance Office by \_\_\_\_\_.

You will be notified of the screening results at a later date. Please feel free to contact me at \_\_\_\_\_ if you have any questions.

Sincerely,

School Counselor

**OFFICE USE**

Date Received by School: ☒  
 Date Received by Regional/District Office: Dated by Psychologist

**Duval County Public Schools**  
**Exceptional Student Education**  
**1701 Prudential Drive**  
**Jacksonville, FL 32207**

Date

School Number

**Informed Notice/Consent for Evaluation**

✓ Student First Name ✓ Student Last Name ✓ Student Number ✓ Date of Birth ✓ School Name  
 ✓ Parent/Guardian First Name ✓ Parent/Guardian Last Name ✓ Street Address ✓ City ✓ State ✓ Zip Code  
 Grade: ✓ Phone: ✓

To: Parent(s)/Guardian(s)/Adult Student:

Your child is suspected of being a student with a disability or potentially gifted; therefore, an individual evaluation or review of records is recommended. This recommendation is based upon the information gathered regarding the following: existing social, psychological, medical and achievement data, attendance records, screenings for vision and hearing, anecdotal records or behavioral observations, parent involvement/communication, and evidence based general education interventions or parent request.

The following educational options have been considered or used with your child:

☐ Response to Intervention ☐ School Safety Net Programs ☐ ESOL ☒ Other N/A  
☐ Section 504 Plan ☐ Attendance Plan ☐ Full Service School ☐ Other \_\_\_\_\_

These options were determined insufficient as the primary method of assisting your child in meeting his/her educational needs.

If any other factors were relevant to the district's proposal, they included: Scores - Reading: Math:  
Achievement Test Name:

The Multidisciplinary Referral Team requests your consent to review information and/or to conduct the following evaluation(s). You will be advised of the results of the evaluation(s) upon completion: (R = Review; E = Evaluate)

<input type="checkbox"/> R <input checked="" type="checkbox"/> E Cognitive Evaluation	<input type="checkbox"/> R <input type="checkbox"/> E Behavioral Observation(s)	<input type="checkbox"/> R <input type="checkbox"/> E Occupational Therapy Evaluation	<input type="checkbox"/> R <input type="checkbox"/> E Adaptive Behavior Assessment
<input type="checkbox"/> Academic Evaluation	<input type="checkbox"/> Behavior Checklist(s)	<input type="checkbox"/> Physical Therapy Evaluation	<input type="checkbox"/> Social/Developmental History
<input type="checkbox"/> Speech Evaluation	<input type="checkbox"/> Functional Behavioral Assessment	<input type="checkbox"/> Audiological Evaluation	<input type="checkbox"/> Vision/Hearing Screening
<input type="checkbox"/> Language Evaluation	<input type="checkbox"/> Social/Emotional Evaluation	<input type="checkbox"/> Medical Evaluation	<input type="checkbox"/> Vocational Summary
<input type="checkbox"/> Autism Spectrum Evaluation	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Does the student need an interpreter/translator for testing/evaluation? ☐ No ☐ Yes: (specify) \_\_\_\_\_

Comments:

**PARENT CONSENT FOR INITIAL EVALUATION** ☐ Update Initial Referral Meeting Required

Please check one, sign, and return to your child's school. If you have any questions, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
 Name/Position Phone

☐ YES, I give permission for evaluation and understand my rights as explained on the Summary of Procedural Safeguards.  
☐ I request a conference before giving permission for testing. Please contact me at \_\_\_\_\_  
☐ NO, I do not give permission for evaluation for the following reasons: \_\_\_\_\_

Parent(s)/ Guardian(s) Signature

Date

As parent(s)/guardian(s) of a child with a disability or suspected disability, you have protections under the attached procedural safeguards under the Individuals With Disabilities Education Act and Rule 6A-6.03311, FAC. For your Gifted student or potentially Gifted student, you have protections under the Procedural Safeguards under Rule 6A6.03313, FAC. Further explanations of rights and copies may be obtained from the Principal or Designee.

(Name)

(Position)

(Phone)

## REFERRAL FOR GIFTED EVALUATION

✓  
Date \_\_\_\_\_

✓  
Form Completed By: \_\_\_\_\_

Student Name	Student Number	Grade	DOB	School Name and Number
✓	✓	✓	✓	✓

✓	Parent/Guardian:	
✓	Address:	
✓	Phone:	
✓	E-mail Address:	

### Sensory Screening Information:

✓	Hearing Screening	Date Passed:	Hearing Aids: <input type="checkbox"/> Yes <input type="checkbox"/> No
✓	Vision Screening	Date Passed:	Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No

### Gifted Screening Information:

<input type="checkbox"/> Otis-Lennon School Ability Test	Date:	Score: (must be 120 or higher)
<input type="checkbox"/> Screening Assessment for Gifted Elementary and Middle School Students	Date:	Reasoning Score: (must be 120 or higher)
<input type="checkbox"/> Naglieri Nonverbal Ability Test	Date:	Score: (must be 120 or higher)
<input type="checkbox"/> Plan B Screening Criteria <input type="checkbox"/> low SES <input type="checkbox"/> ELL	Date:	Score:
<input type="checkbox"/> Other Screening Source	Date:	Check one category below
<input type="checkbox"/> Received services in Gifted program in another state without IQ test		
<input type="checkbox"/> 98 <sup>th</sup> percentile or higher in both Reading and Mathematics on a nationally normed achievement test (e.g. SAT-10)		
<input type="checkbox"/> Other (explain):		

**Previously administered individual IQ Test(s) by a school psychologist for gifted evaluation or other ESE eligibility: (must go through MRT to recommend new testing)**

Wechsler Scale	Date:	FSIQ:	GAI:
Stanford-Binet	Date:	FSIQ:	
Differential Ability Scales	Date:	FSIQ:	

#### Attach copies of the following required information:

- ✓ ☐ Gifted Characteristics Checklist
- ✓ ☐ Signed Parent Consent for Evaluation form
- ✓ ☐ Private Evaluation Report (if applicable)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Directions:

**Please fill in the following information and return this survey to your child's school along with the Meeting Participation Form.** This will enable us to create an Educational Plan that best describes and meets the needs of your child.

### **Parent Survey**

1. What do you consider to be your child's strengths?
  
  
  
  
  
  
  
  
  
  
2. Are there any areas in which you feel your child needs further help?
  
  
  
  
  
  
  
  
  
  
3. What goals do you have for your child? What goals do they have for themselves?
  
  
  
  
  
  
  
  
  
  
4. Does your child have a leadership role in the community? (Scouts, church, etc.)
  
  
  
  
  
  
  
  
  
  
5. What activities outside of school is your child involved in? What are his/her hobbies and interests?
  
  
  
  
  
  
  
  
  
  
6. What do you want your child to gain from participation in the Gifted Program?
  
  
  
  
  
  
  
  
  
  
7. Is there anything else you feel we should know about your child? (health issues? etc.)

**Duval County Public Schools  
Exceptional Education and Student Services  
1701 Prudential Drive  
Jacksonville, Florida 32207**

Dear Parent/Guardian:

Your child, \_\_\_\_\_, was recently referred to the Eligibility Determination Team (EDT) for eligibility consideration for the gifted program in Duval County Public Schools.

The requirements for eligibility in the state of Florida are:

1. a score of two standard deviations above the mean (a full-scale standard score of 130 or greater) on an individually administered intelligence test, and
2. a majority of gifted characteristics on a behavioral characteristics checklist, and
3. a demonstrated need for the program.

Enclosed is a copy of the psychoeducational report and Eligibility Determination form. The Eligibility Determination Team reviewed the data and determined that your child did not meet the state requirements for gifted program

Although at this time your child did not meet eligibility requirements, we know that you continue to be proud of his/her achievements and abilities. We would encourage you to work with your child's school and classroom teacher to identify opportunities for creativity, enrichment, and avenues to explore your child's strengths.

If you have further questions, please contact the School Psychologist who evaluated your child (name and phone number are included on the enclosed report).

Sincerely,

Enclosures:    Psychoeducational report  
                    Eligibility Determination form  
                    Procedural Safeguards for Students Who Are Gifted

Distribution: Cumulative Folder, District/Cluster Office, Parent(s)/Guardian(s)/Adult Student

6/07

# Private Evaluation

## Procedures for Private Gifted Evaluations

If a student has been evaluated for gifted by the school system, and the parent/guardian decides to pursue a private evaluation, it is the parent/guardian's responsibility to

1.) inform the private evaluator that previous IQ testing has been done and to identify which IQ test was administered (WISC, Stanford Binet, or Differential Ability Scales), and 2.) pay for the private evaluation.

1. When a parent/guardian provides a copy of a psychological report completed by a private evaluator, the school psychologist will need to review the evaluation report. The private evaluator must also send a copy of test protocols to the Supervisor of School Psychology for review.
2. Send home a hard copy of the *Informed Notice/Consent for Evaluation* form (sample D1) and *Procedural Safeguards for Students Who Are Gifted*. Upon receiving consent, determine if the student is Plan A or Plan B. Give the teacher the appropriate *Gifted Characteristics Checklist* to complete. (See Procedures for Gifted Plan A on page 12 or Plan B on page 29.)
3. Provide copies of the following to the school psychologist:
  - Private evaluation report
  - *Informed Notice/Consent for Evaluation*
  - *Referral for Gifted Evaluation* (sample D2)
  - *Gifted Characteristics Checklist*

The Principal's designee is responsible for indicating the date the signed parent consent was received by the school on the *Informed Notice/Consent for Evaluation*. The school psychologist will provide a copy of the consent and the checklist to the Admissions Representative.

4. Once the review is completed by the school psychologist, a copy will be sent to the student's school. At that time, schedule an EDT meeting to determine eligibility.

### STAFFING

Plan A eligibility requirements:

- a. need for a special program, and
- b. a majority of characteristics of gifted students according to a standard scale or checklist, and
- c. superior intellectual development, as follows:

WISC IV	Full Scale IQ 130 General Ability Index (GAI) 130 or higher if referenced in report narrative by school psychologist
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Stanford Binet 5	Full Scale IQ 130
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Differential Ability Scales-2	General Conceptual Ability (GCA) 130
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Plan B eligibility requirements:

- a. need for a special program, and
- b. a majority of characteristics of gifted students according to a standard scale or checklist, and
- c. intellectual development, as follows:

WISC IV

Full Scale IQ 120

General Ability Index (GAI) 120 or higher if referenced in report narrative by school psychologist

Stanford Binet 5

Full Scale IQ 120

Differential Ability Scales-2 General Conceptual Ability (GCA) 120

**If the student is eligible:**

1. Once the evaluation review has been completed and the report has been processed, the school counselor schedules the EDT with the Admissions Representative. Follow the procedures in ENCORE for inviting the parent/guardian to a regular EDT meeting. Include the *Parent Survey* (sample D3) with the *Meeting Participation Form*.
2. Once the EDT meeting is scheduled, send a copy of the private evaluation and review to the teacher of the Gifted, who will develop a draft Education Plan (EP). Allow the teacher two weeks to complete the draft EP prior to the EDT meeting.

**If the student is not eligible:**

1. Once the evaluation has been completed and the report has been processed, the school counselor schedules the EDT with the Admissions Representative. **NOTE:** In ENCORE, the meeting notice is completed by the School Counselor with "X" in all areas except the "A meeting has been scheduled at \_\_\_\_ on \_\_\_\_ at \_\_\_\_" line. This line **must** be completed accurately for information to appear correctly on the *Eligibility Determination* form. The meeting notice is locked and saved, but **not printed**.
2. The EDT, consisting of three (3) professionals, meets and discusses eligibility.
  - a. The Admissions Representative completes the *Eligibility Determination* form and the team signs the form.
  - b. The School Counselor completes the *Gifted Ineligible* cover letter (sample D4), attaches enclosures identified on the letter, and mails copy to the parent/guardian.
3. If parent/guardian has questions regarding test results, he/she will contact the school psychologist.
4. If a meeting is requested by the parent/guardian, one will be scheduled.



**OFFICE USE**

Date Received by School: ☒  
 Date Received by Dated by  
 Regional/District Office: Psychologist

**Duval County Public Schools**  
**Exceptional Student Education**  
**1701 Prudential Drive**  
**Jacksonville, FL 32207**

Date

School Number

**Informed Notice/Consent for Evaluation**

✓ Student First Name ✓ Student Last Name ✓ Student Number ✓ Date of Birth ✓ School Name  
 ✓ Parent/Guardian First Name ✓ Parent/Guardian Last Name ✓ Street Address ✓ City ✓ State ✓ Zip Code  
 Grade: ✓ Phone: ✓

To: Parent(s)/Guardian(s)/Adult Student:

Your child is suspected of being a student with a disability or potentially gifted; therefore, an individual evaluation or review of records is recommended. This recommendation is based upon the information gathered regarding the following: existing social, psychological, medical and achievement data, attendance records, screenings for vision and hearing, anecdotal records or behavioral observations, parent involvement/communication, and evidence based general education interventions or parent request.

The following educational options have been considered or used with your child:

☐ Response to Intervention ☐ School Safety Net Programs ☐ ESOL ☒ Other N/A  
☐ Section 504 Plan ☐ Attendance Plan ☐ Full Service School ☐ Other \_\_\_\_\_

These options were determined insufficient as the primary method of assisting your child in meeting his/her educational needs.

If any other factors were relevant to the district's proposal, they included: Parent/guardian provided private psychological evaluation to consider gifted services for their child.

The Multidisciplinary Referral Team requests your consent to review information and/or to conduct the following evaluation(s). You will be advised of the results of the evaluation(s) upon completion: (R = Review; E = Evaluate)

R <input type="checkbox"/> E <input checked="" type="checkbox"/> Cognitive Evaluation	R <input type="checkbox"/> E <input type="checkbox"/> Behavioral Observation(s)	R <input type="checkbox"/> E <input type="checkbox"/> Occupational Therapy Evaluation	R <input type="checkbox"/> E <input type="checkbox"/> Adaptive Behavior Assessment
<input type="checkbox"/> Academic Evaluation	<input type="checkbox"/> Behavior Checklist(s)	<input type="checkbox"/> Physical Therapy Evaluation	<input type="checkbox"/> Social/Developmental History
<input type="checkbox"/> Speech Evaluation	<input type="checkbox"/> Functional Behavioral Assessment	<input type="checkbox"/> Audiological Evaluation	<input type="checkbox"/> Vision/Hearing Screening
<input type="checkbox"/> Language Evaluation	<input type="checkbox"/> Social/Emotional Evaluation	<input type="checkbox"/> Medical Evaluation	<input type="checkbox"/> Vocational Summary
<input type="checkbox"/> Autism Spectrum Evaluation	<input checked="" type="checkbox"/> Other: <u>Gifted Characteristics Checklist</u>	<input checked="" type="checkbox"/> Other: <u>Psychological Review</u>	<input type="checkbox"/> Other: _____

Does the student need an interpreter/translator for testing/evaluation? ☐ No ☐ Yes: (specify) \_\_\_\_\_

Comments:

**PARENT CONSENT FOR INITIAL EVALUATION** ☐ Update Initial Referral Meeting Required

Please check one, sign, and return to your child's school. If you have any questions, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
 Name/Position Phone

☐ YES, I give permission for evaluation and understand my rights as explained on the Summary of Procedural Safeguards.  
☐ I request a conference before giving permission for testing. Please contact me at \_\_\_\_\_  
☐ NO, I do not give permission for evaluation for the following reasons: \_\_\_\_\_

Parent(s)/ Guardian(s) Signature

Date

As parent(s)/guardian(s) of a child with a disability or suspected disability, you have protections under the attached procedural safeguards under the Individuals With Disabilities Education Act and Rule 6A-6.03311, FAC. For your Gifted student or potentially Gifted student, you have protections under the Procedural Safeguards under Rule 6A6.03313, FAC. Further explanations of rights and copies may be obtained from the Principal or Designee.

(Name)

(Position)

(Phone)

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## REFERRAL FOR GIFTED EVALUATION

✓ Date \_\_\_\_\_

✓ Form Completed By: \_\_\_\_\_

Student Name	Student Number	Grade	DOB	School Name and Number
✓	✓	✓	✓	✓

✓ Parent/Guardian:	
✓ Address:	
✓ Phone:	
✓ E-mail Address:	

### Sensory Screening Information:

✓ Hearing Screening	Date Passed:	Hearing Aids: <input type="checkbox"/> Yes <input type="checkbox"/> No
✓ Vision Screening	Date Passed:	Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No

### Gifted Screening Information:

<input type="checkbox"/> Otis-Lennon School Ability Test	Date:	Score: (must be 120 or higher)
<input type="checkbox"/> Screening Assessment for Gifted Elementary and Middle School Students	Date:	Reasoning Score: (must be 120 or higher)
<input type="checkbox"/> Naglieri Nonverbal Ability Test	Date:	Score: (must be 120 or higher)
<input type="checkbox"/> Plan B Screening Criteria <input type="checkbox"/> low SES <input type="checkbox"/> ELL	Date:	Score:
<input type="checkbox"/> Other Screening Source	Date:	Check one category below
<input type="checkbox"/> Received services in Gifted program in another state without IQ test		
<input type="checkbox"/> 98 <sup>th</sup> percentile or higher in both Reading and Mathematics on a nationally normed achievement test (e.g. SAT-10)		
<input type="checkbox"/> Other (explain):		

**Previously administered individual IQ Test(s) by a school psychologist for gifted evaluation or other ESE eligibility:** (must go through MRT to recommend new testing)

Wechsler Scale	Date:	FSIQ:	GAI:
Stanford-Binet	Date:	FSIQ:	
Differential Ability Scales	Date:	FSIQ:	

#### Attach copies of the following required information:

- ✓ ☐ Gifted Characteristics Checklist
- ✓ ☐ Signed Parent Consent for Evaluation form
- ✓ ☐ Private Evaluation Report (if applicable)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Directions:

**Please fill in the following information and return this survey to your child's school along with the Meeting Participation Form.** This will enable us to create an Educational Plan that best describes and meets the needs of your child.

### **Parent Survey**

1. What do you consider to be your child's strengths?
  
  
  
  
  
  
  
  
  
  
2. Are there any areas in which you feel your child needs further help?
  
  
  
  
  
  
  
  
  
  
3. What goals do you have for your child? What goals do they have for themselves?
  
  
  
  
  
  
  
  
  
  
4. Does your child have a leadership role in the community? (Scouts, church, etc.)
  
  
  
  
  
  
  
  
  
  
5. What activities outside of school is your child involved in? What are his/her hobbies and interests?
  
  
  
  
  
  
  
  
  
  
6. What do you want your child to gain from participation in the Gifted Program?
  
  
  
  
  
  
  
  
  
  
7. Is there anything else you feel we should know about your child? (health issues, etc.)

**Duval County Public Schools  
Exceptional Education and Student Services  
1701 Prudential Drive  
Jacksonville, Florida 32207**

Dear Parent/Guardian:

Your child, \_\_\_\_\_, was recently referred to the Eligibility Determination Team (EDT) for eligibility consideration for the gifted program in Duval County Public Schools.

The requirements for eligibility in the state of Florida are:

1. a score of two standard deviations above the mean (a full-scale standard score of 130 or greater) on an individually administered intelligence test, and
2. a majority of gifted characteristics on a behavioral characteristics checklist, and
3. a demonstrated need for the program.

Enclosed is a copy of the psychoeducational report and Eligibility Determination form. The Eligibility Determination Team reviewed the data and determined that your child did not meet the state requirements for gifted program

Although at this time your child did not meet eligibility requirements, we know that you continue to be proud of his/her achievements and abilities. We would encourage you to work with your child's school and classroom teacher to identify opportunities for creativity, enrichment, and avenues to explore your child's strengths.

If you have further questions, please contact the School Psychologist who evaluated your child (name and phone number are included on the enclosed report).

Sincerely,

Enclosures:    Psychoeducational report  
                    Eligibility Determination form  
                    Procedural Safeguards for Students Who Are Gifted

Distribution: Cumulative Folder, District/Cluster Office, Parent(s)/Guardian(s)/Adult Student

6/07

# **Transfer Students**

## Procedures for Transfer Students

Students who transfer from a school district **within the state** are eligible to receive gifted services if there is evidence they were found eligible for the program and received gifted services in their previous school. A new Education Plan (EP) is required. The teacher of the gifted is responsible for holding a Review EP meeting and getting parent input via the *Parent Survey*. The records for in-state transfers should be referred to the school's Admissions Representative for verification and placement in program.

Students who transfer from a school district **out-of-state** may provisionally be placed in the gifted program if there is evidence that they were receiving gifted services in their previous state. Because many states have different requirements from Florida, the student may receive services but will need to meet Florida requirements to remain in the program. If psychoeducational testing was not required in the previous state, new testing must take place. If consent for new testing is not received from the parent/guardian within a six month time frame, the student will be exited from the program. Transfer students will bypass the screening portion of the evaluation process and go directly to the psychoeducational evaluation.

- Parent/Guardian may provide evidence to the school that the student was previously receiving gifted services. This could be a report card that indicates gifted classes, eligibility/placement documentation, or a gifted education plan.
- The records for out-of-state transfers should be referred to the school's Admissions Representative for verification, eligibility consideration, and placement in the program. Once the Admissions Representative confirms temporary eligibility for the gifted program with the school, the school counselor provides the parent/guardian with the *Temporary Assignment of Transferring Exceptional Student: Gifted* letter and obtains signature (sample E1).

**Duval County Public Schools  
Exceptional Education and Student Services  
1701 Prudential Drive  
Jacksonville, Florida 32207**

**Provisional Assignment of  
Transferring Exceptional Students: Gifted**

School records for your child, \_\_\_\_\_, were recently reviewed to determine **provisional** eligibility for the gifted program in the Duval County Public Schools.

The requirements for eligibility in the state of Florida are:

1. a score of two standard deviations (a full-scale standard score of 130 or greater) above the mean on an individually administered intelligence test, and
2. a majority of gifted characteristics on a behavioral characteristics checklist, and
3. a demonstrated need for the program.

The Eligibility Determination Team (EDT) has determined that your child is eligible for provisional gifted services (not to exceed six months) based on available records/reports at this time and transfer procedures outlined by the state of Florida.

You will be invited to a Reevaluation Review Team (RRT) meeting to discuss information needed to determine continued eligibility for the gifted program and to obtain parent/guardian consent for necessary screenings and evaluations. When the RRT has received and reviewed the necessary reports and information, permanent eligibility will be determined.

**I have read and understand that my child is being provisionally placed in the program for gifted students until permanent eligibility is determined based on the Florida Department of Education eligibility criteria. I understand that, should my child be determined ineligible based on Florida's eligibility criteria, gifted services will be discontinued.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Enclosure: Procedural Safeguards for Students Who Are Gifted

Distribution:     Signed Original - Cumulative Record  
                      Copies – District/Cluster Office, (s)/Guardian(s)/Adult Student

9/09

# **Private School and Home School Students**



## **Procedures for Private School and Home School Gifted Referrals**

**NOTE:** DCPS is required to complete child find activities for students who reside in Duval County or who attend a private school in our local education agency (LEA). We will continue to consider eligibility for students; however, if the parent chooses to keep their child in home school or in a for-profit private school, services will not be provided.

### **PRIVATE SCHOOL STUDENTS**

Parents/Guardians of students currently attending a private school who are interested in having their child(ren) tested for gifted eligibility should contact the Related Services Department at 390-2078 for referral to the appropriate private school MRT.

Duval County Public Schools does not provide services for gifted students in grades K-12 who are enrolled in a **for-profit** private school. Duval County Public Schools does provide services for gifted students in grades K-5 who are enrolled in a **not-for-profit** private school. These services will be documented on a Service Plan or Educational Plan.

### **HOME SCHOOL STUDENTS**

Parents/Guardians of students currently being home schooled who are interested in having their child(ren) tested for gifted eligibility should contact the school counselor at their neighborhood school to begin the Plan A or Plan B screening process, as appropriate.

Duval County Public Schools does not provide services for gifted students in grades K-12 who are enrolled in home school.

# **Magnet Lottery**

## **Procedures for the Magnet Lottery**

All students are eligible to apply for available magnet lottery seats either as a gifted student or as an academically talented student. Students who want to apply for a magnet school as a gifted student must already be identified as gifted. All other students are considered academically talented.

Prior to the magnet application deadline, parents/guardians may provide private psychological evaluation results in order for their child to be considered for the available lottery seats for gifted students. The parent/guardian must bring the written psychological report to the district Exceptional Education Department for an Admissions Representative to review. The Admissions Representative will complete the *Gifted Eligibility Status Memorandum* (sample F1).

A copy of the *Memorandum* is then attached to the student's magnet application and it becomes the parent/guardians responsibility to turn it into the Magnet Office for processing. The parent/guardian is also given a copy of the *Memorandum* with the letter of explanation attached (sample F2) indicating that the child has not fully completed the eligibility process and an explanation of what procedures remain to be completed to determine eligibility.

A copy of the *Memorandum* is also sent to the anticipated school's Admissions Representative so that the eligibility process may be completed. The School Counselor, or designee, should refer to their ESE Alpha list the first week of school and contact the Admissions Representative regarding any student who is not on that list.

If a student is enrolled in a school as an academically talented student the parent may request testing for eligibility for the gifted program through the school counselor. If the student becomes eligible for the gifted program, the school will complete the eligibility process and change his/her status at the school from academically talented to gifted.

## M E M O R A N D U M

TO: Dr. Sally Hague, Director  
Magnet Programs/School Choice

FROM: \_\_\_\_\_  
Admissions Representative  
Exceptional Education and Student Services

SUBJECT: **GIFTED ELIGIBILITY STATUS FOR** \_\_\_\_\_

DATE: \_\_\_\_\_

***Check one:***

- \_\_\_\_\_ The above named student **appears to meet the cognitive measure criteria for Gifted Program services consideration** based on the evaluative information provided by the parent. The Eligibility Determination Team will determine whether the student meets all the criteria for the gifted program eligibility once the student enrolls in the district assigned school.
- \_\_\_\_\_ The above named student **meets the criteria for temporary placement in the Gifted Program** based on the documentation provided by the parent or verified by the previous out of state school. The Eligibility Determination Team will determine whether the student meets temporary eligibility and an Educational Plan will be developed once the student enrolls in the district assigned school. Upon determination of temporary eligibility, the Reevaluation Review Team may need to gain parental consent for further evaluation to determine permanent eligibility in the gifted program.
- \_\_\_\_\_ The above named student **meets the criteria for a Florida permanent placement in the Gifted Program** based on the documentation provided by the parent and/or verified by the previous school. An Educational Plan will be developed and the placement process will be completed once the student enrolls in the district assigned school.
- \_\_\_\_\_ The **available documentation and/or verification** with the student's previous school is **insufficient to determine whether the student meets the cognitive measure criteria for Gifted Program services eligibility consideration.**

**Comments:**

Distribution: Cumulative Record, District/Cluster Office, Parent(s)/Guardian(s)/Adult Student

10/07

Parent(s)/Guardian(s),

The attached memorandum to the DCPS Magnet Office assures your child will be processed through the Magnet lottery as a 'provisional status' gifted student. This provisional status means, that at this time, **your child has not fully completed the eligibility process for Program for Gifted students**. Once your child enrolls in a DCPS school, you will receive an *Informed Notice/Consent for Evaluation*. This form will serve to gain your permission to complete a Gifted Characteristics Checklist and to review the private psychoeducational evaluation. Once the test protocols from the private psychologist who completed your child's assessment have been received by the Duval County Public Schools Psychology Department, a review of the psychoeducational evaluation will be completed. Following this review, you will be invited to attend an Eligibility Determination Meeting to determine if your child meets eligibility criteria as defined by Florida Department of Education procedures and policies.

If you have any questions regarding this process, please contact the Exceptional Education and Student Services (EE/SS) Department at 390-2076.

Meredith Fredeking  
EE/SS, Supervisor, Admissions and Placement

Parent(s)/Guardian(s),

The attached memorandum to the DCPS Magnet Office assures your child will be processed through the Magnet lottery as a 'provisional status' gifted student. This provisional status means, that at this time, **your child has not fully completed the eligibility process for Program for Gifted students**. Once your child enrolls in a DCPS school, you will receive an *Informed Notice/Consent for Evaluation*. This form will serve to gain your permission to complete a Gifted Characteristics Checklist and to review the private psychoeducational evaluation. Once the test protocols from the private psychologist who completed your child's assessment have been received by the Duval County Public Schools Psychology Department, a review of the psychoeducational evaluation will be completed. Following this review, you will be invited to attend an Eligibility Determination Meeting to determine if your child meets eligibility criteria as defined by Florida Department of Education procedures and policies.

If you have any questions regarding this process, please contact the Exceptional Education and Student Services (EE/SS) Department at 390-2076.

Meredith Fredeking  
EE/SS, Supervisor, Admissions and Placement

# **Blank Forms**

## PARENT/GUARDIAN NOMINATION FORM

### Program for the Gifted

The following characteristics should be consistently in evidence beyond what is typically found in students of the nominee's age/grade level. For each of the characteristics that you frequently observe, check the appropriate blank.

1. \_\_\_\_\_ Asks a large number of questions
2. \_\_\_\_\_ Tries to solve problems and figures things out
3. \_\_\_\_\_ Has many ideas and usually has a lot to say about them
4. \_\_\_\_\_ Has vivid, expressive imagination (i.e. likes to make up and tell stories, likes to pretend)
5. \_\_\_\_\_ Amuses himself or herself
6. \_\_\_\_\_ Likes to make new things from ordinary objects
7. \_\_\_\_\_ Solves problems in more than one way
8. \_\_\_\_\_ Is sometimes bossy and may not always show interest in helping others
9. \_\_\_\_\_ Can stay focused on a task for a long period of time
10. \_\_\_\_\_ Uses vocabulary beyond what is usual for children his/her age

## Meeting Participation Form

Student First Name	Student Last Name	Student Number	Date of Birth	School Name
Parent/Guardian First Name	Parent/Guardian Last Name	Street Address	City	State Zip Code

To the Parent(s)/Guardian(s)/Adult Student/ \_\_\_\_\_ :  
Name of Transition Aged Student

For students with disabilities only; when identifying transition service needs/postsecondary goals, the student will be invited and a copy of this form provided to the student. Under the Individuals with Disabilities Act (IDEA) and State Law, when a legally competent student turns the age of majority (age 18), s/he has all rights pertaining to education transferred to him/her; including a copy of this and other notices/consents.

Parents of a child who previously received early intervention services under Part C of IDEA may request that a Part C service coordinator or other representative of the Part C system be invited to attend the Initial IEP Team Meeting.

A meeting has been scheduled at \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_  
School Location/Rm # Date Time

### Purpose(s) for Meeting:

- |  |   |
|--|---|
| <input type="checkbox"/> Parent Conference   | <input type="checkbox"/> Consideration of FCAT Waiver (12 <sup>th</sup> Grade Only) |
| <input type="checkbox"/> Discussion/development of Service Plan                            | <input type="checkbox"/> Development of Individual Educational Plan (IEP)           |
| <input type="checkbox"/> Discussion/development of Section 504 Plan                        | <input type="checkbox"/> Review/update Individual Educational Plan (IEP)            |
| <input type="checkbox"/> Discussion of behavior  | <input type="checkbox"/> Consideration of transition services (age 14+)             |
| <input type="checkbox"/> Discussion of referral for evaluation                             | <input type="checkbox"/> Consideration of postsecondary goals (age 16+)             |
| <input type="checkbox"/> Review of evaluation information and determination of eligibility | <input type="checkbox"/> Development of Education Plan (EP)                         |
| <input type="checkbox"/> Discussion of appropriate placement                               | <input type="checkbox"/> Review/update Education Plan (EP)                          |
| <input type="checkbox"/> Consideration of change in eligibility                            | <input type="checkbox"/> Discussion of reevaluation/review                          |
| <input type="checkbox"/> Consideration of dismissal from _____                             | <input type="checkbox"/> Other _____  |

### The following people are invited to participate in the meeting:

Name	Position	Name	Position	Name	Position
	LEA Representative				

### Response from Parent(s)/Guardian(s)/Student

Please check one, sign and return original to your child's school.

- |  |   |
|--|---|
| <input type="checkbox"/> I will attend on the above date and time.                           | <input type="checkbox"/> I wish to participate via phone conference on the above date and time.<br>Please contact me at the following number: _____ |
| <input type="checkbox"/> I am unable to attend and give my permission to proceed without me. | <input type="checkbox"/> I am unable to attend and wish to reschedule the meeting.<br>Please contact me at the following number: _____              |

Signature of Parent(s)/Guardian(s)/Adult Student

Date

You have the right to bring someone who has specific knowledge and/or expertise regarding your child. I plan to bring: \_\_\_\_\_

If you have any question(s) or require accommodation(s), in accordance with the American with Disabilities Act (ADA), please contact:

\_\_\_\_\_ at \_\_\_\_\_  
Name Position Phone

As parent (s)/guardian(s) of a child with a disability or suspected disability, you have protections under the attached procedural safeguards under the Individual with Disabilities Education Act under Rule 6A.6.03311, FAC. For your Gifted student or potentially Gifted student, you have protections under the Procedural Safeguards under Rule 6A.6.03313, FAC. Further explanations of rights and copies may be obtained from the Principal or designee:

\_\_\_\_\_ at \_\_\_\_\_  
Name Position Phone

### Office Use: Record of Contact Attempts

1. Date	Type:	Results:	By:
2. Date	Type:	Results:	By:
3. Date	Type:	Results:	By:



## PROCEDURAL SAFEGUARDS for STUDENTS WHO ARE GIFTED

### Prior notice.

The school district shall provide parents with prior written notice a reasonable time before any proposal or refusal to initiate or change the identification, evaluation, educational placement of the student or the provision of a free appropriate public education to the student.

(a) The prior notice to the parents shall be written in language understandable to the general public and shall be provided in the native language or other mode of communication commonly used by the parent unless such communication is clearly not feasible to do so.

(b) If the parent's mode of communication is not a written language, the school district shall ensure:

- That the notice is translated to the parents orally or by other means in their native language or mode of communication;
- That the parents understand the content of the notice; and
- That there is written documentation that the requirements of subparagraphs (1) (b) 1. and 2. of this rule have been met.

The notice to the parents shall include:

- A description of the action proposed or refused by the district, an explanation of why the district proposes or refuses to take the action, and a description of any other options the district considered and the reasons why those were rejected;
- A description of each evaluation procedure, test, record, or report the district used as a basis for the proposed or refused action;
- A description of any other factors that are relevant to the district's proposal or refusal; and
- Information on how the parent can obtain a copy of the procedural safeguards specified in this rule.

### Content and Provision of the Procedural Safeguards to Parents.

- Parents must be provided a copy of their procedural safeguards which provides a full explanation of the provisions included in this rule.
- A copy of the procedural safeguards must be available to the parents of a child who is gifted, and must be given to the parents, at a minimum:

1. Upon initial referral for evaluation;
2. Upon refusal of a parent's request to conduct an initial evaluation;
3. Upon notification of each EP meeting; and
4. Upon receipt of a request for a due process hearing by either the school district or the parent in accordance with subsection (7) of this rule.

### Informed parental consent.

- Parents shall be fully informed of all information relevant to the action for which consent is sought in their native language or other mode of communication unless such communication is clearly not feasible.

*Providing parents with information regarding their rights under this rule is critical to ensuring that they have the opportunity to be partners in the decisions regarding their children. It is also critical that local school boards provide information about these rights to appropriate district and school personnel so that the needs of the student can be identified and appropriately met. The school board's policy and procedures for procedural safeguards shall be set forth in accordance with Rule 6A-6.03411, FAC., and shall include adequate provisions for the following:*

- Written parental consent shall be obtained prior to conducting an initial evaluation to determine eligibility and prior to initial provision of services to students who are gifted.
- School districts shall document the attempts to secure consent from the parent as required by paragraph (3)(b) of this rule.
- Parental consent is voluntary and may be revoked at any time before the action occurs.
- Except for formal, individual evaluation and the initial provision of services to the student, consent may not be required as a condition of any other benefit to the parent or child. Any proposal or refusal to initiate or change the identification, evaluation, or educational placement or the provision of a free appropriate public education to the student after the initial placement is not subject to parental consent but is subject to prior notice as defined by subsection (1) of this rule.

### Parental consent is not required before:

- Reviewing existing data as part of an evaluation; or,
- Administering a test or other evaluation that is administered to all students unless, before administration of that test or evaluation, consent is required of parents of all children.

### Parent's opportunity to examine records and participate in meetings.

- The parents of students who are gifted shall be afforded, in accordance with Rule 6A-1.0955, FAC., Section 1002.22, Florida Statutes, and this rule, an opportunity to inspect and review their child's educational records.
- The right to inspect and review education records under this rule includes the right to have a representative of the parent inspect and review the records including all records related to the identification, evaluation, and educational placement of the child and the provision of a free appropriate public education to the child.
- The parents of a student who is gifted must be afforded an opportunity to participate in meetings with respect to the development of their child's educational plan.

Evaluations obtained at private expense. If the parent obtains an independent evaluation at private expense which meets the requirements of subsection (4) of Rule 6A-6.0331, FAC., the results of the evaluation must be considered by the school district in any decision made with the respect to the determination of eligibility for exceptional student education services.

- The results of such evaluation may be presented as evidence at any hearing authorized under subsection (7) of this rule.
- If an administrative law judge requests an independent educational evaluation as part of a hearing, the cost of the evaluation must be at public expense, as defined in paragraph (7)(c) of rule 6A-6.03411, FAC.

State Complaint Procedures. The Department of Education shall provide parents and other interested persons the opportunity to resolve allegations that a school district has violated state requirements regarding the education of students who are gifted through the establishment of state complaint procedures.

(a) Within ninety (90) calendar days after a complaint is filed, under the provisions of this rule, the Department of Education shall:

1. Carry out an independent on-site investigation, if the Department of Education determines that to be necessary;
2. Give the complainant the opportunity to submit additional information, either orally or in writing about the allegations in the complaint;
3. Review all relevant information and make an independent determination as to whether the school district is violating a state requirement regarding the education of students who are gifted.
4. Issue a written decision on the complaint that addresses each issue presented in the complaint and contains findings of fact, conclusions, and the reason(s) for the Department of Education's final decision; and
5. Extend the time limit established in paragraph (6) (a) of the rule if exceptional circumstances exist with respect to a particular complaint.

(b) Procedures for the effective implementation of the Department of Education's final decision include the following:

1. Technical assistance activities;
2. Negotiations; and
3. Corrective actions to achieve compliance.

(c) Relationship to due process hearings.

- If a written complaint is received that is also the subject of a due process hearing requested pursuant to subsection (7) of this rule, or the complaint contains multiple issues, of which one or more are part of that hearing, the Department of Education shall set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved in compliance with the procedures described in subsection (6) of this rule.
- If an issue is raised in a complaint filed under this subsection that has previously been decided in a due process hearing involving the same parties, the administrative law judge's decision is binding and the Department of Education shall inform the complainant to that effect.

3. The Department of Education shall resolve any complaint that alleges that a school district has failed to implement a due process hearing decision.

(7) Due process hearings. Due process shall be available to parents of students who are gifted and to school districts to resolve matters related to the identification, evaluation, or educational placement of the student of the provision of a free appropriate public education.

(a) Such hearings may be initiated by a parent or a school district on the proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of a free appropriate public education to the student.

(b) A hearing shall be conducted by an administrative law judge from the Division of Administrative Hearings, Department of Management Services, on behalf of the Department of Education.

(c) An administrative law judge (ALJ) shall use subsection (7) of this rule for any such hearings and shall conduct such hearings in accordance with the Uniform Rules for Administrative Proceedings, Chapter 28-106, FAC., a deemed appropriate by the ALJ including, but not limited to: the authority of a party to request a pre-hearing conference, the authority of the ALJ to issue subpoenas to compel the attendance of witnesses and the production of records, and the authority of the ALJ to issue summary rulings in absence of a disputed issue of material fact.

(d) Status of student during proceedings.

- During the time that an administrative or subsequent judicial proceeding regarding a due process hearing is pending, unless the district and the parent of the student agree otherwise, the student involved in the proceeding must remain in the present educational assignment. If the proceeding involves an application for an initial admission to public school, the student, with the consent of the parent, must be placed in a public school program until the completion of all proceedings.

- If the administrative law judge agrees with the parent and finds that a change of placement is appropriate, that placement becomes the agreed-upon placement during the tendency of the appeal.

(e) Hearing rights for all parties.

- Any party to a hearing conducted pursuant to subsection (7) of this rule has the right:
  - To be represented by counsel or to be represented by a qualified representative under the qualifications and standards set forth in Rules 28-106.106 and 28-106.107, FAC., or to be accompanied and advised by individuals with special knowledge or training with respect to the problems of students who are gifted, or any combination of the above;
  - To be present evidence, and to confront, cross-examine, and compel the attendance of witnesses;
  - To prohibit the introduction of any evidence at the hearing that has not been disclosed to that party at least (5) business days before the hearing;
  - To obtain written, or at the option of the parents, electronic verbatim record of the hearing at no cost to the parents; and
  - To obtain written, or at the option of the parents, electronic findings of fact and decisions at no cost to the parents.

## 2. Additional disclosure of information

- At least five (5) business days prior to a hearing conducted pursuant to subsection (7) of this rule, each party shall disclose to all other parties all evaluations completed by that date and recommendations based on the offering party's evaluations that the party intends to use at the hearing.
- An administrative law judge may bar any party that fails to comply with subparagraph (7) (e) 2. of this rule from introducing the relevant evaluation or recommendation at the hearing without the consent of the other party.

(f) Parental rights at hearings. Parents involved in hearings must be given, in addition to the rights described in paragraph (7) (e) of this rule, the right to:

- Have their child who is the subject to the hearing present; and
- Open the hearing to the public.

(g) Duties and responsibilities of the superintendent or designee shall include:

- Implementing procedures that require the parent of a child, who is gifted, or the attorney representing the child to provide notice to the school district. The notice required, which must remain confidential, must include: the name of the child; the address of the residence of the child; the name of the school the child is attending; a description of the nature of the problem; relating to the proposed or refused initiation or change including facts relating to the problem and, a proposed resolution of the problem to the extent known and available to the parents at the time. However, the school district may not deny or delay a parent's right to a due process hearing for failure to provide this notice.
- Immediately forwarding the Division of Administrative Hearings by facsimile transmission of the parent's request for a hearing upon its receipt;
- Notifying all parties regarding their rights and responsibilities before, during, and after the hearing. This notice should include information to the parent of any free or low cost legal and other relevant services, which are available, if the parent requests this information or if the parent or school district initiates a hearing.
- Determining whether an interpreter is needed and arranging for the interpreter as required;
- Complying with the administrative law judge's rulings regarding requests for and exchanges of evidence; discovery; the filing of motions and, scheduling, so as to meet the requirements of this rule, and the deadlines established herein.
- Arranging for the provision and payment of clerical assistance, the hearing, use of facilities, and a verbatim transcript of the hearing;
- Completing other responsibilities specified by the school board.

(h) Duties and responsibilities of the Department of Education shall include:

- Maintaining a list of persons who serve as administrative law judges including a statement of the qualifications of each of these persons; and,
- Maintaining an index of the final orders of such hearings and providing this information to the public upon request.

(i) Duties and responsibilities of an administrative law judge shall be:

- To establish the date, time, and location of the hearing and any pre-hearing conference calls and motion hearings. Each hearing involving oral arguments must be conducted at a time and place that is reasonably convenient to the parents and their child;
- To conduct the hearing in a fair and impartial manner;
- To ensure that all discovery, motion practice, and pre-hearing procedures are conducted in an expedited manner, consistent with the deadlines established by this rule concerning the exchange of evidence and the issuance of the final decision.
- To determine if the parent wants an electronic or written copy of the final decision and the administrative record of the hearing;
- To determine whether the parent wants the hearing open to the public and whether the parent wants their child to attend the hearing.
- To determine whether the parent's advisor or representative is sufficiently knowledgeable about or trained regarding students who are gifted;
- To determine how evidence may be exchanged prior to and during the hearing;
- To determine how witnesses may be compelled to attend, be cross-examined, and confronted during discovery and at the hearing;
- To determine how evaluations and recommendations may be disclosed prior to and during a hearing;
- To summarize the facts and findings of the case and to arrive at an impartial decision based solely on information presented during the hearing;
- To reach a final decision and mail to all parties copies of the facts, findings and decision regarding the hearing within forty-five (45) days of the district's receipt of the parent's request or the filing of the district's request for a hearing, whichever is sooner;
- To be accountable for compliance with all deadlines and procedures established by the statutes and rules for such hearings;
- To maintain the confidentiality of all information; and
- To rule on requests for specific extensions of time beyond the periods set forth in subsection (7) of this rule, at the request of either party.

(j) Civil action. A decision made in a hearing conducted under subsection (7) of this rule shall be final, unless, within thirty (30) days, a party aggrieved by the decision brings a civil action in state circuit court without regard to the amount in controversy, as provided in Section 1003.57 (5), Florida Statutes. The state circuit court shall: receive the records of the administrative proceedings; hear, as appropriate, additional evidence at the request of a party; and, basing its decision on the preponderance of the evidence, shall grant the relief it determines appropriate. In the alternative, any party aggrieved by the administrative law judge's decision shall have the right to request an impartial review by the appropriate district court of appeal as provided by Sections 120.68 and 1003.57 (5), Florida Statutes.

Specific Authority 1001.02 (1) (2) (n), 1003.01 (3) (a) (b), 1003.57 (5) FS. Law Implemented 1001.42 (4) (I) 1003.01(3) (a) (b), 1003.57(5), 1001.03 (8) FS. History – New 9-20-2004.

Referral/Request for Services

Student First Name	Student Last Name	Student Number	Date of Birth	School Name
Parent/Guardian First Name	Parent/Guardian Last Name	Street Address	City	State Zip Code
Grade: Phone: Referring Teacher(s):				
Current Program(s):				

Reason for Referral (Check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Academic Difficulties | <input type="checkbox"/> Health/Medical Problems | <input type="checkbox"/> Developmental Concerns       |
| <input type="checkbox"/> Reading               | <input type="checkbox"/> Motor Difficulties      | <input type="checkbox"/> Communication Difficulties   |
| <input type="checkbox"/> Math                  | <input type="checkbox"/> Visual Difficulties     | <input type="checkbox"/> Social/Behavior Difficulties |
| <input type="checkbox"/> Writing               | <input type="checkbox"/> Hearing Difficulties    | <input type="checkbox"/> Attention Difficulties       |
| <input type="checkbox"/> Oral Language         | <input type="checkbox"/> Other                   | <input type="checkbox"/> Gifted: Retest               |
|  |  | (Date of Previous Testing)                            |

Background Data

Hearing: ☐ N/A ☐ Pass ☐ Fail Date: \_\_\_\_\_  
Vision: ☐ N/A ☐ Pass ☐ Fail Date: \_\_\_\_\_  
Speech: ☐ N/A ☐ Pass ☐ Fail Date: \_\_\_\_\_  
Language: ☐ N/A ☐ Pass ☐ Fail Date: \_\_\_\_\_

Cochlear Implant: ☐ No ☐ Yes  
Hearing Aid(s): ☐ No ☐ Right ☐ Left  
Glasses: ☐ No ☐ Yes

On \_\_\_\_\_ the Multidisciplinary Team met and determined that: (Check appropriate items)

- ☐ Appropriate interventions/screenings/observations have been completed, and no further services of the Team are indicated at this time.
- ☐ The case will be referred to school based Problem Solving/Response to Intervention Team (TARGETeam) for:
- ☐ Additional Intervention(s) ☐ Support Services (specify) \_\_\_\_\_
- ☐ Observation(s) ☐ Additional Screenings (specify) \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Appropriate interventions/screenings/observations have been completed, results discussed, and individual testing/evaluation is recommended: (R = Review; E = Evaluation)
- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Cognitive Evaluation       | <input type="checkbox"/> <input type="checkbox"/> Behavioral Observation(s)        | <input type="checkbox"/> <input type="checkbox"/> Occupational Therapy Evaluation | <input type="checkbox"/> <input type="checkbox"/> Adaptive Behavior Assessment |
| <input type="checkbox"/> <input type="checkbox"/> Academic Evaluation        | <input type="checkbox"/> <input type="checkbox"/> Behavior Checklist(s)            | <input type="checkbox"/> <input type="checkbox"/> Physical Therapy Evaluation     | <input type="checkbox"/> <input type="checkbox"/> Social/Developmental History |
| <input type="checkbox"/> <input type="checkbox"/> Speech Evaluation          | <input type="checkbox"/> <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> <input type="checkbox"/> Audiological Evaluation         | <input type="checkbox"/> <input type="checkbox"/> Vision/ Hearing Screening    |
| <input type="checkbox"/> <input type="checkbox"/> Language Evaluation        | <input type="checkbox"/> <input type="checkbox"/> Social/Emotional Evaluation      | <input type="checkbox"/> <input type="checkbox"/> Medical Evaluation              | <input type="checkbox"/> <input type="checkbox"/> Vocational Summary           |
| <input type="checkbox"/> <input type="checkbox"/> Autism Spectrum Evaluation | <input type="checkbox"/> <input type="checkbox"/> Other _____                      | <input type="checkbox"/> <input type="checkbox"/> Other _____                     | <input type="checkbox"/> <input type="checkbox"/> Other _____                  |

Comments:

Principal or Designee

ESE Director/Designee

General Education Teacher

Parent/Guardian

School Psychologist

(Indicate Position)

(Indicate Position)

(Indicate Position)

As parent(s)/guardian(s) of a child with a disability or suspected disability, you have protections under the attached procedural safeguards under the Individuals With Disabilities Education Act and Rule 6A-6.03311, FAC. For your Gifted student or potentially Gifted student, you have protections under the Procedural Safeguards under Rule 6A6.03313, FAC. Further explanations of rights and copies may be obtained from the Principal or Designee.

(Name)

(Position)

(Phone)

**DUVAL COUNTY PUBLIC SCHOOLS**  
**1701 Prudential Drive**  
**Jacksonville, Florida 32207**

**NOTICE and CONSENT for INDIVIDUAL SCREENING**

Date Sent: \_\_\_\_\_

To the Parent/Guardian of: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name/ #: \_\_\_\_\_ Grade: \_\_\_\_\_

**In order to determine how to best meet your child's educational needs, one or more of the following screenings will be administered:**

<input checked="" type="checkbox"/> Vision	<input type="checkbox"/> Speech	<input checked="" type="checkbox"/> General Ability	<input type="checkbox"/> Fine Motor
<input checked="" type="checkbox"/> Hearing	<input type="checkbox"/> Language	<input type="checkbox"/> Behavioral	<input type="checkbox"/> Gross Motor
<input type="checkbox"/> Pre-Academic/Academic	<input type="checkbox"/> Other: _____		

- When the results of the screenings are available, you will be notified and given the opportunity to have them explained to you.
- The information gathered through these screenings may be used to plan and develop interventions within your child's current educational setting.
- If any further evaluation is recommended for your child, you will be notified, and your written consent will be requested.

If you have any questions or concerns, please call the contact person listed below:

Name	Title	Phone #
------	-------	---------

**Please check one of the following options below:**

- ☐ Yes, I give permission for the individual screening.
  - ☐ No, I do not give permission for the individual screening.
  - ☐ I request a conference to discuss the screening before granting permission. During the school day, I can best be reached at the following phone number :

**Please sign, date, and return this form to the school's contact person listed above:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

COVER LETTER (REFERRAL)

SCHOOL LETTERHEAD

Date: \_\_\_\_\_

Dear Parent/Guardian,

Your child, \_\_\_\_\_, is being considered for possible evaluation for the Duval County Program for the Gifted. In gathering information for the screening, we request your assistance by signing and returning the *Notice and Consent for Individual Screening*. Please return the consent form to the Guidance Office by \_\_\_\_\_.

You will be notified of the screening results at a later date. Please feel free to contact me at \_\_\_\_\_ if you have any questions.

Sincerely,

School Counselor

## GIFTED CHARACTERISTICS CHECKLIST

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Student Number \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

Directions: Read each statement carefully and place an X in the appropriate column according to the following scale of values: (2) Frequently Observed, (1) Occasionally Observed, (0) Never Observed. To obtain score, add total points.

	2	1	0
<b>LEARNING</b>			
1. Learns quickly from limited exposure.			
2. Interest and knowledge beyond age group.			
3. Exceptional mastery and recall of facts.			
4. Has advanced vocabulary for age or grade level.			
5. Proficient use of communication skill(s).			
6. Reads or learns independently.			
7. Shows a preference for specific subjects.			
8. Sees relationships among separate concepts/facts/objects.			
9. Asks many/diverse questions..			
10. Pursues cause-effect relationships.			
<b>LEADERSHIP</b>			
1. Utilizes problem-solving skills.			
2. Relates better to older age groups.			
3. Is assertive about personal beliefs.			
4. Tends to dominate others.			
5. Expresses opinions freely.			
6. Judgmental of people, events, things.			
7. Has attention/respect of others.			
8. Perceived as a leader in the class/group.			

9. Has difficulty in peer relationships.			
10. Seeks positions of responsibility.			
<b>MOTIVATION</b>			
1. Likes to study difficult subjects.			
2. Has an inquisitive mind.			
3. Dislikes rigid time lines/schedules.			
4. Is adventurous; willing to accept challenges.			
5. Strives for perfection.			
6. Is self-critical.			
7. Is self-confident.			
8. Desires to share knowledge.			
9. Unwilling to accept authority without critical examination.			
10. Has strong sensitivity and perception skills.			
<b>CREATIVITY</b>			
1. Has diverse interests.			
2. Exhibits spontaneous ideas/behaviors.			
3. Generates many ideas/solutions.			
4. Offers unique/unusual responses.			
5. Has a high-level of abstract thinking.			
6. Thinks faster than the ability to write/express.			
7. Is annoyed by routine details.			
8. Has a strong sense of imagination/fantasy.			
9. Recognizes and responds to subtle humor.			
10. Behaves as an individual: does not fear to be different.			

**Total Points** \_\_\_\_\_



## ELL GIFTED CHARACTERISTICS CHECKLIST

Student \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Student Number \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

Directions: Read each statement carefully and place an X in the appropriate column according to the following scale of values: (2) Frequently Observed, (1) Occasionally Observed, (0) Never Observed. To obtain score, add total points.

LEARNING	2	1	0
1. Learns quickly from limited exposure.			
2. Interest and knowledge beyond age group.			
3. Exceptional mastery and recall of facts.			
4. Ability to learn English quickly.			
5. Demonstrates an ability to manipulate all languages spoken.			
6. Reads or learns independently.			
7. Very strong mathematical, analytical, logical skills.			
8. Sees relationships among separate concepts/facts/objects.			
9. Able to adapt quickly to a variety of situations or to new surroundings.			
10. Pursues cause-effect relationships.			
LEADERSHIP			
1. Utilizes problem-solving skills.			
2. Relates better to older age groups.			
3. Rebellious regarding inequities.			
4. Demonstrates social intelligence.			
5. Has feelings of responsibility to his/her cultural community.			
6. Judgmental of people, events, things.			
7. Has attention/respect of others.			
8. Perceived as a leader in the class/group.			
9. Has difficulty in peer relationships.			

10. Accepts home responsibility normally reserved for older children.			
<b>MOTIVATION</b>			
1. Likes to study difficult subjects.			
2. Has an inquisitive mind.			
3. Dislikes rigid time lines/schedules.			
4. Is adventurous; willing to accept challenges.			
5. Strives for perfection.			
6. Is self-critical.			
7. Is a self-starter and self-reliant.			
8. Desires to share knowledge.			
9. Unwilling to accept authority without critical examination.			
10. Has strong sensitivity and perception skills.			
<b>CREATIVITY</b>			
1. Has diverse interests.			
2. Exhibits spontaneous ideas/behaviors.			
3. Is inventive and resourceful.			
4. Offers unique/unusual responses.			
5. Has a high-level of abstract thinking.			
6. Displays elaboration within artwork.			
7. Is annoyed by routine details.			
8. Has a strong sense of imagination/fantasy.			
9. Thinks of unusual ways to solve problems.			
10. Behaves as an individual: does not fear to be different.			

**Total Points** \_\_\_\_\_

**Duval County Public Schools**  
**Exceptional Education/Student Services**  
**Plan B**  
**Gifted Screening Criteria Form for Underrepresented Students**  
**Low SES/ELL Grades K-3**

<input type="checkbox"/> <b>Low SES</b>
1. Student is receiving free/reduced lunch <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Student is living in subsidized housing <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Student meets High Achievement Test Scores Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>ELL</b>
1. Check Status at time of screening: ___ LY=currently enrolled in ESOL ___ LN=K-12 ELL students not enrolled in classes for ELL students ___ LT =eligible but awaiting ESOL testing ___ LP=identified but not yet placed in ESOL ___ LF=exited ESOL in past two years
2. Student meets High Achievement Test Scores Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, do not complete remainder of form.)

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

Student Number \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name and Title of Person Completing Form \_\_\_\_\_

Date Form was Completed \_\_\_\_\_ School Name/# \_\_\_\_\_

**Indication of need for special program as evidenced by:**

- \_\_\_ Demonstrates ability beyond the general curriculum
- \_\_\_ Critical and/or creative thinker
- \_\_\_ Leadership potential
- \_\_\_ Self-motivated learner
- \_\_\_ Other \_\_\_\_\_

**Screening Information:**

- I. ☐ **GIFTED CHARACTERISTICS CHECKLIST**  
☐ **ELL GIFTED CHARACTERISTICS CHECKLIST**

Enter points earned. **Points** \_\_\_\_\_

If it is early in the school year, you may need to give this checklist to the previous year's teacher, if available.

**II. ACADEMIC PERFORMANCE from the last two grading periods.**

**Check all that apply – 1 point for each item checked**

- \_\_\_ The student is reading above grade level
- \_\_\_ The student is mathematically above grade level
- \_\_\_ The student is exhibiting advanced writing skills
- \_\_\_ The student is finishing assigned work early and accurately
- \_\_\_ The student knows a large portion of the standard curriculum being taught
- \_\_\_ (ELL only) The student has a Language Assessment Scale (LAS) of 4 or 5

**Points:** \_\_\_\_\_

**56 points or greater required for further evaluation**

**TOTAL POINTS:** \_\_\_\_\_

**Referred for psycho-educational evaluation:** ☐ Yes ☐ No

**Required full scale IQ score of 120 or higher on the psychoeducational evaluation.**

**Duval County Public Schools**  
**Exceptional Education/Student Services**  
**Plan B**  
**Gifted Screening Criteria Form for Underrepresented Students**  
**Low SES/ELL Grades 4-12**

<input type="checkbox"/> <b>Low SES</b>
1. Student is receiving free/reduced lunch <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Student is living in subsidized housing <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Student meets High Achievement Test Scores Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> <b>ELL</b>
1. Check Status at time of screening: ___ LY=currently enrolled in ESOL ___ LN=K-12 ELL students not enrolled in classes for ELL students ___ LT =eligible but awaiting ESOL testing ___ LP=identified but not yet placed in ESOL ___ LF=exited ESOL in past two years
2. Student meets High Achievement Test Scores Criteria <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, do not complete remainder of form.)

Student Name \_\_\_\_\_  
Student Number \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Name and Title of Person Completing Form \_\_\_\_\_  
Date Form was Completed \_\_\_\_\_ School Name/# \_\_\_\_\_

**Indication of need for special program as evidenced by:**

    \_\_\_ Demonstrates ability beyond the general curriculum  
    \_\_\_ Critical and/or creative thinker  
    \_\_\_ Leadership potential  
    \_\_\_ Self-motivated learner  
    \_\_\_ Other \_\_\_\_\_

**Screening Information:**

- I. ☐ GIFTED CHARACTERISTICS CHECKLIST**  
**☐ ELL GIFTED CHARACTERISTICS CHECKLIST**

Enter points earned.      **Points** \_\_\_\_\_

If it is early in the school year, you may need to give this checklist to the previous year's teacher, if available.

**II. ACADEMIC PERFORMANCE from the last two grading periods.**

**A = 4 points, B = 3 points, C = 2 points, D = 1 point**

Reading or Language Arts \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_  
Math \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**Total Points (Reading or Language Arts + Math)** \_\_\_\_\_

**If Sections I and II total at least 63 points, it is not necessary to complete Section III.**

**III. STANDARDIZED ASSESSMENT DATA**

If no test scores are available, see Procedures for Gifted Screening Plan B.

Name of test: \_\_\_\_\_ Date of test: \_\_\_\_\_

Percentile score: 90+ = 4 points, 85-89 = 3 points, 80-84 = 2 points, 75-79 = 1 point

Reading \_\_\_\_\_ Math \_\_\_\_\_ Total assessment points: \_\_\_\_\_  
**63 points or greater required for further evaluation      TOTAL POINTS: \_\_\_\_\_**

**Referred for psycho-educational evaluation: ☐ Yes ☐ No**

**Required full scale IQ score of 120 or higher on the *WISC-IV* or the *Stanford-Binet 5***

**OFFICE USE**

Date Received by School: \_\_\_\_\_

Date Received by  
Regional/District Office: \_\_\_\_\_**Duval County Public Schools  
Exceptional Student Education  
1701 Prudential Drive  
Jacksonville, FL 32207**

Date \_\_\_\_\_

School Number \_\_\_\_\_

**Informed Notice/Consent for Evaluation**

Student First Name	Student Last Name	Student Number	Date of Birth	School Name
Parent/Guardian First Name	Parent/Guardian Last Name	Street Address	City	State ZipCode
Grade: _____		Phone: _____		

To: Parent(s)/Guardian(s)/Adult Student:

Your child is suspected of being a student with a disability or potentially gifted; therefore, an individual evaluation or review of records is recommended. This recommendation is based upon the information gathered regarding the following: existing social, psychological, medical and achievement data, attendance records, screenings for vision and hearing, anecdotal records or behavioral observations, parent involvement/communication, and evidence based general education interventions or parent request.

The following educational options have been considered or used with your child:

<input type="checkbox"/> Response to Intervention	<input type="checkbox"/> School Safety Net Programs	<input type="checkbox"/> ESOL	<input type="checkbox"/> Other _____
<input type="checkbox"/> Section 504 Plan	<input type="checkbox"/> Attendance Plan	<input type="checkbox"/> Full Service School	<input type="checkbox"/> Other _____

These options were determined insufficient as the primary method of assisting your child in meeting his/her educational needs. If any other factors were relevant to the district's proposal, they included: \_\_\_\_\_

The Multidisciplinary Referral Team requests your consent to review information and/or to conduct the following evaluation(s). You will be advised of the results of the evaluation(s) upon completion: (R = Review; E = Evaluate)

<b>R</b> <input type="checkbox"/> <b>E</b> <input type="checkbox"/> Cognitive Evaluation	<b>R</b> <input type="checkbox"/> <b>E</b> <input type="checkbox"/> Behavioral Observation(s)	<b>R</b> <input type="checkbox"/> <b>E</b> <input type="checkbox"/> Occupational Therapy Evaluation	<b>R</b> <input type="checkbox"/> <b>E</b> <input type="checkbox"/> Adaptive Behavior Assessment
<input type="checkbox"/> Academic Evaluation	<input type="checkbox"/> Behavior Checklist(s)	<input type="checkbox"/> Physical Therapy Evaluation	<input type="checkbox"/> Social/Developmental History
<input type="checkbox"/> Speech Evaluation	<input type="checkbox"/> Functional Behavioral Assessment	<input type="checkbox"/> Audiological Evaluation	<input type="checkbox"/> Vision/Hearing Screening
<input type="checkbox"/> Language Evaluation	<input type="checkbox"/> Social/Emotional Evaluation	<input type="checkbox"/> Medical Evaluation	<input type="checkbox"/> Vocational Summary
<input type="checkbox"/> Autism Spectrum Evaluation	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Does the student need an interpreter/translator for testing/evaluation? ☐ No ☐ Yes: (specify) \_\_\_\_\_

Comments: \_\_\_\_\_

**PARENT CONSENT FOR INITIAL EVALUATION** ☐ Update Initial Referral Meeting Required

Please check one, sign, and return to your child's school. If you have any questions, please contact:

\_\_\_\_\_ at \_\_\_\_\_  
Name/Position Phone

☐ YES, I give permission for evaluation and understand my rights as explained on the Summary of Procedural Safeguards.

☐ I request a conference before giving permission for testing. Please contact me at \_\_\_\_\_

☐ NO, I do not give permission for evaluation for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
Parent(s)/ Guardian(s) Signature\_\_\_\_\_  
Date

As parent(s)/guardian(s) of a child with a disability or suspected disability, you have protections under the attached procedural safeguards under the Individuals With Disabilities Education Act and Rule 6A-6.03311, FAC. For your Gifted student or potentially Gifted student, you have protections under the Procedural Safeguards under Rule 6A6.03313, FAC. Further explanations of rights and copies may be obtained from the Principal or Designee.

(Name)

(Position)

(Phone)

COVER LETTER (PLAN A INELIGIBLE)

SCHOOL LETTERHEAD

Date: \_\_\_\_\_

Dear Parent/Guardian,

Your child, \_\_\_\_\_, was recently administered the \_\_\_\_\_ as a part of the process to determine the need for evaluation for the Gifted program. A score of 120 or higher is required for a student to be considered for further evaluation. Based on your child's score of \_\_\_\_\_, he/she does not qualify for further evaluation at this time.

Although your child does not qualify for further evaluation, he/she is an outstanding student and we know you are proud of your child's achievements. We look forward to his/her continued success in school.

If you have any questions about this information, you may contact me at \_\_\_\_\_.

Sincerely,

School Counselor

COVER LETTER (PLAN B ELIGIBLE)

SCHOOL LETTERHEAD

Date: \_\_\_\_\_

Dear Parent/Guardian,

Your child, \_\_\_\_\_, was recently screened to determine the need for evaluation for the Gifted program. He/She qualifies for further evaluation by the school psychologist. This testing will determine if your child meets final eligibility requirements for the Gifted Program.

Please sign the enclosed *Informed Notice/Consent for Evaluation* form and return it to the school Guidance Office by \_\_\_\_\_. The *Procedural Safeguards for Students Who Are Gifted* is for your information. You will be notified of the evaluation results at a later date.

If you have any questions about this information, you may contact me at \_\_\_\_\_.

Sincerely,

School Counselor

COVER LETTER (PLAN B INELIGIBLE)

SCHOOL LETTERHEAD

Date: \_\_\_\_\_

Dear Parent/Guardian,

Your child, \_\_\_\_\_, was recently screened to determine the need for evaluation for the Gifted program. He/She did not meet the minimum qualifying score in this process.

Although your child does not qualify for further evaluation, he/she is an outstanding student and we know you are proud of your child's achievements. We look forward to his/her continued success in school.

If you have any questions about this information, you may contact me at  
\_\_\_\_\_.

Sincerely,

School Counselor



## REFERRAL FOR GIFTED EVALUATION

Date \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Student Name	Student Number	Grade	DOB	School Name and Number

Parent/Guardian:	
Address:	
Phone:	
E-mail Address:	

### Sensory Screening Information:

Hearing Screening	Date Passed: _____	Hearing Aids: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Screening	Date Passed: _____	Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No

### Gifted Screening Information:

<input type="checkbox"/> Otis-Lennon School Ability Test	Date: _____	Score: (must be 120 or higher)
<input type="checkbox"/> Screening Assessment for Gifted Elementary and Middle School Students	Date: _____	Reasoning Score: (must be 120 or higher)
<input type="checkbox"/> Naglieri Nonverbal Ability Test	Date: _____	Score: (must be 120 or higher)
<input type="checkbox"/> Plan B Screening Criteria <input type="checkbox"/> low SES <input type="checkbox"/> ELL	Date: _____	Score: _____
<input type="checkbox"/> Other Screening Source	Date: _____	Check one category below
<input type="checkbox"/> Received services in Gifted program in another state without IQ test		
<input type="checkbox"/> 98 <sup>th</sup> percentile or higher in both Reading and Mathematics on a nationally normed achievement test (e.g. SAT-10)		
<input type="checkbox"/> Other (explain): _____		

**Previously administered individual IQ Test(s) by a school psychologist for gifted evaluation or other ESE eligibility: (must go through MRT to recommend new testing)**

Wechsler Scale	Date: _____	FSIQ: _____	GAI: _____
Stanford-Binet	Date: _____	FSIQ: _____	
Differential Ability Scales	Date: _____	FSIQ: _____	

**Attach copies of the following required information:**

- ☐ Gifted Characteristics Checklist
- ☐ Signed Parent Consent for Evaluation form
- ☐ Private Evaluation Report (if applicable)

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Directions:

**Please fill in the following information and return this survey to your child's school along with the Meeting Participation Form.** This will enable us to create an Educational Plan that best describes and meets the needs of your child.

## **Parent Survey**

1. What do you consider to be your child's strengths?
  
  
  
  
  
  
  
  
  
  
2. Are there any areas in which you feel your child needs further help?
  
  
  
  
  
  
  
  
  
  
3. What goals do you have for your child? What goals do they have for themselves?
  
  
  
  
  
  
  
  
  
  
4. Does your child have a leadership role in the community? (Scouts, church, etc.)
  
  
  
  
  
  
  
  
  
  
5. What activities outside of school is your child involved in? What are his/her hobbies and interests?
  
  
  
  
  
  
  
  
  
  
6. What do you want your child to gain from participation in the Gifted Program?
  
  
  
  
  
  
  
  
  
  
7. Is there anything else you feel we should know about your child? (health issues? etc.)

**Duval County Public Schools  
Exceptional Education and Student Services  
1701 Prudential Drive  
Jacksonville, Florida 32207**

Dear Parent/Guardian:

Your child, \_\_\_\_\_, was recently referred to the Eligibility Determination Team (EDT) for eligibility consideration for the gifted program in Duval County Public Schools.

The requirements for eligibility in the state of Florida are:

1. a score of two standard deviations above the mean (a full-scale standard score of 130 or greater) on an individually administered intelligence test, and
2. a majority of gifted characteristics on a behavioral characteristics checklist, and
3. a demonstrated need for the program.

Enclosed is a copy of the psychoeducational report and Eligibility Determination form. The Eligibility Determination Team reviewed the data and determined that your child did not meet the state requirements for gifted program.

Although at this time your child did not meet eligibility requirements, we know that you continue to be proud of his/her achievements and abilities. We would encourage you to work with your child's school and classroom teacher to identify opportunities for creativity, enrichment, and avenues to explore your child's strengths.

If you have further questions, please contact the School Psychologist who evaluated your child (name and phone number are included on the enclosed report).

Sincerely,

Enclosures:    Psychoeducational report  
                  Eligibility Determination form  
                  Procedural Safeguards for Students Who Are Gifted

Distribution: Cumulative Folder, District/Cluster Office, Parent(s)/Guardian(s)/Adult Student

**Duval County Public Schools  
Exceptional Education and Student Services  
1701 Prudential Drive  
Jacksonville, Florida 32207**

**Provisional Assignment of  
Transferring Exceptional Students: Gifted**

School records for your child, \_\_\_\_\_, were recently reviewed to determine **provisional** eligibility for the gifted program in the Duval County Public Schools.

The requirements for eligibility in the state of Florida are:

1. a score of two standard deviations (a full-scale standard score of 130 or greater) above the mean on an individually administered intelligence test, and
2. a majority of gifted characteristics on a behavioral characteristics checklist, and
3. a demonstrated need for the program.

The Eligibility Determination Team (EDT) has determined that your child is eligible for provisional gifted services (not to exceed six months) based on available records/reports at this time and transfer procedures outlined by the state of Florida.

You will be invited to a Reevaluation Review Team (RRT) meeting to discuss information needed to determine continued eligibility for the gifted program and to obtain parent/guardian consent for necessary screenings and evaluations. When the RRT has received and reviewed the necessary reports and information, permanent eligibility will be determined.

**I have read and understand that my child is being provisionally placed in the program for gifted students until permanent eligibility is determined based on the Florida Department of Education eligibility criteria. I understand that, should my child be determined ineligible based on Florida's eligibility criteria, gifted services will be discontinued.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

Enclosure: Procedural Safeguards for Students Who Are Gifted

Distribution:     Signed Original - Cumulative Record  
                     Copies – District/Cluster Office, (s)/Guardian(s)/Adult Student

## MEMORANDUM

TO: Dr. Sally Hague, Director  
Magnet Programs/School Choice

FROM: \_\_\_\_\_  
Admissions Representative  
Exceptional Education and Student Services

SUBJECT: **GIFTED ELIGIBILITY STATUS FOR** \_\_\_\_\_

DATE: \_\_\_\_\_

### *Check one:*

- \_\_\_\_\_ The above named student **appears to meet the cognitive measure criteria for Gifted Program services consideration** based on the evaluative information provided by the parent. The Eligibility Determination Team will determine whether the student meets all the criteria for the gifted program eligibility once the student enrolls in the district assigned school.
- \_\_\_\_\_ The above named student **meets the criteria for temporary placement in the Gifted Program** based on the documentation provided by the parent or verified by the previous out of state school. The Eligibility Determination Team will determine whether the student meets temporary eligibility and an Educational Plan will be developed once the student enrolls in the district assigned school. Upon determination of temporary eligibility, the Reevaluation Review Team may need to gain parental consent for further evaluation to determine permanent eligibility in the gifted program.
- \_\_\_\_\_ The above named student **meets the criteria for a Florida permanent placement in the Gifted Program** based on the documentation provided by the parent and/or verified by the previous school. An Educational Plan will be developed and the placement process will be completed once the student enrolls in the district assigned school.
- \_\_\_\_\_ The **available documentation and/or verification** with the student's previous school is **insufficient to determine whether the student meets the cognitive measure criteria for Gifted Program services eligibility consideration.**

### Comments:

Distribution: Cumulative Record, District/Cluster Office, Parent(s)/Guardian(s)/Adult Student

Parent(s)/Guardian(s),

The attached memorandum to the DCPS Magnet Office assures your child will be processed through the Magnet lottery as a 'provisional status' gifted student. This provisional status means, that at this time, **your child has not fully completed the eligibility process for Program for Gifted students**. Once your child enrolls in a DCPS school, you will receive an *Informed Notice/Consent for Evaluation*. This form will serve to gain your permission to complete a Gifted Characteristics Checklist and to review the private psychoeducational evaluation. Once the test protocols from the private psychologist who completed your child's assessment have been received by the Duval County Public Schools Psychology Department, a review of the psychoeducational evaluation will be completed. Following this review, you will be invited to attend an Eligibility Determination Meeting to determine if your child meets eligibility criteria as defined by Florida Department of Education procedures and policies.

If you have any questions regarding this process, please contact the Exceptional Education and Student Services (EE/SS) Department at 390-2076.

Meredith Fredeking  
EE/SS, Supervisor, Admissions and Placement

Parent(s)/Guardian(s),

The attached memorandum to the DCPS Magnet Office assures your child will be processed through the Magnet lottery as a 'provisional status' gifted student. This provisional status means, that at this time, **your child has not fully completed the eligibility process for Program for Gifted students**. Once your child enrolls in a DCPS school, you will receive an *Informed Notice/Consent for Evaluation*. This form will serve to gain your permission to complete a Gifted Characteristics Checklist and to review the private psychoeducational evaluation. Once the test protocols from the private psychologist who completed your child's assessment have been received by the Duval County Public Schools Psychology Department, a review of the psychoeducational evaluation will be completed. Following this review, you will be invited to attend an Eligibility Determination Meeting to determine if your child meets eligibility criteria as defined by Florida Department of Education procedures and policies.

If you have any questions regarding this process, please contact the Exceptional Education and Student Services (EE/SS) Department at 390-2076.

Meredith Fredeking  
EE/SS, Supervisor, Admissions and Placement

# Appendix

COVER LETTER (Parent Request to Withdraw Student from the Gifted Program)

SCHOOL LETTERHEAD

Date: \_\_\_\_\_

Dear Parent/Guardian,

Our records indicate that your child, \_\_\_\_\_, has not been attending gifted classes. If you would like your child to be temporarily withdrawn from the gifted program, please complete the following section and return it to \_\_\_\_\_ by \_\_\_\_\_.

I, the parent/guardian of \_\_\_\_\_ am temporarily withdrawing my child from the gifted program for the remainder of the current school year. I understand that no further testing is needed to place my child back into the gifted program in the future. For my child to re-enter the gifted program, I understand that I will need to submit my request in writing to the school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## **The Responsibilities of the Teacher of the Gifted at Each Grade Level**

### **All grade levels at the beginning of the year:**

- Get a list of your students from the main office. Make sure each student has a current EP. Make sure grade and level of EP is accurate. Review the goals and objectives to see if they reflect your current program. Rewrite the EP if needed.
- Remind the office staff that processes new students to check for those who have received gifted services in their former schools.
- Check in cum records to see if there are students who have previously received gifted services, but requested to be removed from the program. They may be ready to receive services again.
- Any information placed in the cum records should be placed in the ESE folder in **reverse** chronological order, with the newest information on top.

### **Transfer Students**

#### **Within the District:**

- Review the EP
  - If services can be implemented as written then no changes to the EP are required
    - If the only change is the name of the school a new EP is not required
  - If services cannot be implemented a new EP with FAPE form is required (pull-out to magnet or content classes, etc)

#### **Within the State:**

- Notify the Admissions person
  - Provide the cover page of the EP from the previous district
  - Provide copy of FAPE form
- Review the EP
  - If services can be implemented as written then no changes to the EP are required in order to immediately implement services
    - A Duval County EP is required within 30 days
  - If services cannot be implemented a new EP with FAPE form is required prior to the student receiving gifted services

#### **Out of State:**

- Contact the Admissions person to discuss:
  - Provision of gifted services
    - Review out of state documentation of eligibility
    - Review of EP or other documentation of gifted services
      - Provide the cover page of the EP from the previous district
      - Provide copy of FAPE form
- Discuss with parent:
  - Student may temporarily receive services
  - Requirement to meet Florida eligibility criteria

- Plan A or Plan B
- Parent signs *Temporary Assignment of Out of State Transferring Exceptional Students: Gifted*
  - Original to cum
  - Copy to District/Support Team Office
  - Copy to Parent/Guardian/Adult student
- Provide *Procedural Safeguards* to Parent/Guardian/Adult student

### **Developing an EP**

- Select a date and time to meet with the parents.
- Write grade appropriate EP draft. Get input from the general education teacher choosing one of the following forms:
  - *Information Needed from General Education Teacher, or General Education Teacher Planning Notes for Education Plans* for Initial EP
  - *2<sup>nd</sup>/5<sup>th</sup> EP Checklist or Information Needed from General Education Teacher, or General Education Teacher Planning Notes for Education Plans* for a Review EP.
- Create a *Meeting Participation Notice* (in the Encore Program). This is an invitation to the parent to come to the meeting you are having. Include a copy of the *Parent Survey* so the parents can have input into the EP. Send these home with the child and keep a copy for yourself for documentation purposes. Send a copy of the *Procedural Safeguards for Students who are Gifted* with your invitation.
- A week before the scheduled meeting, send a second notice reminding the parents of the meeting. Send this reminder with the child or mail it. Keep a copy for your records. You may also call reminding parents, document that a call was made.
- Hold the EP meeting
- What happens if a parent says they will come, returns the form saying they will come and then they do not? If you have your 2 documented forms showing you invited them you are covered. It would not hurt to call the parents, leave a message saying you are sorry they missed the meeting and they are welcome to call you if they have further questions. A little PR never hurts!

### **K and 1 By the end of the year:**

- Tracking Cards updated
- EP updated and reviewed on an “as needed” basis
- Progress report placed in cum folder
- Compliance checklist updated, dated and signed

### **2 By the end of the year:**

- Tracking Cards updated
- Select a date and time to meet with the parents.
- Parents invited to an “EP review” meeting using the *Meeting Participation Notice* in Encore, send home *Parent Survey* with *Meeting Notice* to get input. Remember to include this information when writing the EP.

- Write a new grade appropriate (3-5) EP. Get input from the general education teacher with for a Review EP. Remember to complete the *FAPE* form.
- Review the new EP and *FAPE* for grades 3-5, discuss it with parents, get the EP signed and dated by all people in attendance. Indicate on EP under “Results” column what goals and objectives were mastered, sign and date it. If goals and objectives were not mastered, indicate that and those areas not mastered become goals and objectives for the next EP. This should be done both on the hard copy and in Encore.
- *Procedural Safeguards* must be offered at each meeting with parents (#7191 from the storeroom)
- Place completed, signed EP in cum with *FAPE* form attached
- Place Progress Report in cum
- Compliance checklist updated, dated and signed

### **3 and 4 By the end of the year:**

- Tracking Cards updated
- EP updated and reviewed on an “as needed” basis
- Progress Report placed in cum record
- Compliance checklist updated, dated and signed

### **5 By the end of the year:**

- Tracking Cards updated
- Select a date and time to meet with the parents.
- Parents invited to an “EP review” meeting using the *Meeting Participation Notice* in Encore, send home *Parent Survey* with *Meeting Notice* to get input. Remember to include this information when writing the EP.
- Write a new grade appropriate (6-8) EP. Get input from the general education teacher for a Review EP. Remember to complete the *FAPE* form.
- Review the new EP and *FAPE* for grades 6-8, discuss it with parents, get the EP signed and dated by all people in attendance. Indicate on EP under “Results” column what goals and objectives were mastered, sign and date it. If goals and objectives were not mastered, indicate that and those areas not mastered become goals and objectives for the next EP. This should be done both on the hard copy and in Encore.
- *Procedural Safeguards* must be offered at each meeting with parents (#7191 from the storeroom)
- Place completed, signed EP in cum with *FAPE* form attached
- Place Progress Report in cum
- Compliance checklist updated, dated and signed

### **6 At the beginning of the year:**

- Students should enter with an EP written by the 5<sup>th</sup> grade teacher. Review it so you are familiar with it.
- If a new student arrives at your school during the school year see the information given under the heading: **All grade levels at the beginning of the year.**

**By the end of the year:**

- Compliance checklist updated, dated and signed

**7 By the end of the year:**

- EPs reviewed and updated on an “as needed” basis
- Compliance checklist updated, dated and signed

**8 By the end of the year:**

- Parents invited to an “EP review”, using *Meeting Participation Form* in Encore. Remember to send *Procedural Safeguards for Students who are Gifted* home with your meeting invitation along with a copy of the *Parent Survey*. This gives parents an opportunity to have input into the EP.
- Write a new EP and *FAPE* form for grades 9-12 for each student that is going on to Paxon, Stanton, Darnell Cookman, Baldwin or Mandarin High Schools only.
- Review the new EP and *FAPE* for grades 6-8, discuss it with parents, get the EP signed and dated by all people in attendance. Indicate on EP under “Results” column what goals and objectives were mastered, sign and date it. If goals and objectives were not mastered, indicate that and those areas not mastered become goals and objectives for the next EP. This should be done both on the hard copy and in Encore. Remind parents that not all high schools offer gifted services and if their child is not attending Paxon, Stanton, Darnell Cookman, Baldwin or Mandarin High Schools then gifted services end with 8<sup>th</sup> grade.
- *Procedural Safeguards* must be offered at each meeting with parents (#7191 from the storeroom)
- Compliance checklist updated, dated and signed

**9 At the beginning of the year:**

- Students should enter with an EP written by the 8th grade teacher. Review it so you are familiar with it.
- If a new student arrives at your school during the school year see the information given under the heading: All grade levels at the beginning of the year.

**By the end of the year**

- Compliance checklist updated, dated and signed

**10 By the end of the year**

- EPs reviewed and updated on an “as needed” basis
- Compliance checklist updated, dated and signed

**11 By the end of the year**

- EPs reviewed and updated on an “as needed” basis
- Compliance checklist updated, dated and signed

**12 By the end of the year**

- Teacher writes on EP under “Results” column what goals and objectives were mastered signs and dates it. This should be done both on the hard copy and in Encore. A meeting is not required.
- EP placed in cum record in ESE folder. All ESE information should be in reverse chronological order, with the most current information on top.
- Compliance checklist updated, dated and signed.

## **Student Record Compliance Checklist for the Gifted Program**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Student Number \_\_\_\_\_

### **TO COMPLETE THE ANNUAL RECORD COMPLIANCE CHECK:**

- 1) *Arrange Exceptional Education (EE) forms and documentation in chronological order for each Multidisciplinary Team/EP Committee action (i.e., Eligibility Determination/Staffing and EP Review).*
- 2) *Record dates of EE forms listed below to verify presence of form in cumulative folder.*
- 3) *Sign, date, and file compliance checklist in the student's cumulative folder.*

<b>Description of ESE Forms</b>	<b>K</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
Referral Request for Services													
Informed Notice/Consent for Evaluation													
Evaluation Report													
Meeting Participation													
Eligibility Determination/Staffing													
Informed Notice/Consent for Placement													
Authorization for Exceptional Student Education Placement ( <i>Applicable when no consent received at staffing and/or program not at current school</i> )													
Education Plan (Initial EP, End of 2 <sup>nd</sup> grade, 5 <sup>th</sup> grade and 8th grade)													
FAPE form (Review EPs only, End of 2 <sup>nd</sup> grade, 5 <sup>th</sup> grade and 8th grade)													
Invitations to EP Review													
Reviewed by													
Date of Review													

*Revised 2/08*

## Who are the Gifted?

Their contemporaries did not often recognize creative and imaginative people. In fact often their teachers did not recognize them in school either. History is full of illustrations. Consider some of these:

**Einstein** was four years old before he could speak and seven before he could read.

**Isaac Newton** did poorly in elementary school.

**Beethoven's** music teacher once said of him, "As a composer, he is hopeless."

**F.W. Woolworth** got a job in a dry goods store when he was 21 but his employers would not let him wait on customers because he "didn't have enough sense."

A newspaper editor fired **Walt Disney** because he had "no good ideas."

**Caruso's** music teacher told him "You can't sing, you have no voice at all."

**Leo Tolstoy** flunked out of college.

**Admiral Richard E. Byrd** had been retired from the Navy as "Unfit for Service" until he flew over both poles.

**Louis Pasteur** was rated as mediocre in chemistry when he attended the Royal College.

**Abraham Lincoln** entered the Black Hawk War as a Captain and came out as a Private.

**Louisa May Alcott** was told by an editor that she could never write anything that had popular appeal.

**Fred Waring** was once rejected from high school chorus.

**Winston Churchill** failed the sixth grade.

**Michael Jordan** was cut from his high school basketball team.

**Fred Astaire** was told by a drama coach, "Can't sing, can dance a little."

These people were identified as low achievers in school or as misfits on their jobs. Who are you sharing your classroom with?

## **Bright Child or Gifted Learner?**

### **Bright Child:**

Knows the answers  
Is interested  
Is attentive  
Works hard  
Answers the questions  
Top group  
Listens with interest  
Learns with ease  
6-8 repetitions for mastery  
Understands ideas  
Enjoys peers  
Grasps the meaning  
Completes assignments  
Is receptive  
Copies accurately  
Enjoys school  
Absorbs information  
Technician  
Good memorizer  
Is alert  
Is pleased with own learning  
Enjoys straightforward,  
sequential presentation

### **Gifted Learner:**

Asks the questions  
Is highly curious  
Physically involved  
Plays around, tests well  
Discusses in detail  
Beyond the group  
Shows strong feelings  
Already knows  
1-2 repetitions for mastery  
Constructs abstractions  
Prefers adults  
Draws inferences  
Initiates projects  
Is intense  
Creates a new design  
Enjoys learning  
Manipulates information  
Inventor  
Good guesser  
Is keenly observant  
Is highly self-critical  
Thrives on complexity



## **Need More Information?**

### **Recommended Books:**

The Gifted Kids Survival Guide for Ages 10 and Under

The Gifted Kids Survival Guide for Ages 11-18

J. Galbraith

The Survival Guide for Parents of Gifted Kids: How to Understand, Live With and Stick Up for your Gifted Child

S. Walker

Perfectionism: What's Bad About Being Too Good?

M. Adderholt-Elliott

1 800 735-7323 [www.freepirit.com](http://www.freepirit.com)

Smart Girls B. Kerr

Smart Boys B. Kerr and S. Cohn Great Potential Press

1-877 954-4200 [www.giftedbooks.com](http://www.giftedbooks.com)

Distinguishing Characteristics of Gifted Students with Disabilities

T. Fredericks Prufrock Press, Inc.

1 800 998-2208 [www.prufrock.com](http://www.prufrock.com)

### **Recommended Websites:**

Florida Association for the Gifted (FLAG) [www.flagifted.org](http://www.flagifted.org)

Florida Gifted Network [www.floridagiftednet.org](http://www.floridagiftednet.org)

National Association for the Gifted (NAGC) [www.nagc.org](http://www.nagc.org)

National Research Center on the Gifted/Talented  
[www.gifted.uconn/nrcgt.html](http://www.gifted.uconn/nrcgt.html)

Eric Clearinghouse on Disabilities and Gifted Education [www.ericec.org](http://www.ericec.org)

## SAMPLE LETTER TO TEACHERS TO GENERATE GIFTED REFERRALS

TO: TEACHERS  
FROM: GUIDANCE  
RE: REFERRALS FOR GIFTED SCREENING  
DATE: \_\_\_\_\_

Students may be referred for screening for the Gifted program by the classroom teacher or the child's parent/guardian. If a parent/guardian requests a referral, please let me know and I will provide the Parent Nomination form.

If you would like to refer students, please remember the following:

- If a student has been previously screened for the gifted program, he/she must wait six months before taking the same screening test again. If you are not sure, check the cumulative folder before you refer the student.
- If a student has had a previous psychoeducational evaluation or is a student with a disability, the Multidisciplinary Referral Team (MRT) must decide if another evaluation is warranted. Once again, please check the cumulative folder for this information before you refer the student.
- Students may qualify under Plan B, which is for students with low socioeconomic status (free/reduced lunch and/or subsidized housing) or English Language Learners (ELL).
- "Good" students are not necessarily gifted, and gifted students are not necessarily "good". Use the attached sheet "Bright Child or Gifted Learner?" to help you identify gifted characteristics in your students.

Name(s) of students for referral for gifted screening:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

## SAMPLE NOTICE TO PARENT/GUARDIAN OF SCREENING FOR GIFTED

Dear Parent/Guardian,

Your child, \_\_\_\_\_, is scheduled to take the gifted screening instrument on \_\_\_\_\_. This is the screening test for the Gifted program.

Please ensure that your child gets a good night's rest and has a good breakfast prior to this testing.

You will be notified by letter of the results of the test.

Sincerely,

School Counselor

**SAMPLE NOTICE TO TEACHER REGARDING  
GIFTED SCREENING RESULTS**

**TO:** \_\_\_\_\_

**FROM:** GUIDANCE

**RE:** Gifted Screening Results

**DATE:** \_\_\_\_\_

The results of the initial screening for the Gifted program are as follows. A student needs to score 120 or higher on the screening to be eligible for further evaluation:

**STUDENT NAME**

**SCORE**

## Elementary Grade Level Sweep

In an effort to increase the number of students currently receiving gifted services at your school consider conducting a “grade level sweep” which literally means you test every child in a given grade level. When you conduct a “sweep” you screen every child, there is no distinction between “Plan A” and “Plan B” students. It is recommended that you complete the sweep early in the school year (between August and November) so that children who will be going on to individual testing have time to do so before the end of the school year. A vision/hearing screening is not required.

- First, choose a grade level you wish to screen. If you do a grade level sweep then you do not need parent permission, as everyone in the class is getting the same thing. However, students who have previously had IQ testing for any exceptionality, and students who have taken the OLSAT in the last six months are not to be screened. If you choose to do only a select few (such as all A-B students) then you would need individual consent forms.
- Order as many booklets as you need from the store room, they come 25 to a package:
  - #6611, OLSAT 7 Test Form 3, Grade K, Level A
  - #6471, OLSAT 7 Test Form 3, Grade 1, Level B
  - #6472, OLSAT 7, Test Form 3, Grade 2, Level C
  - #6473 OLSAT 7, Test Form 3, Grade 3, Level D
  - #6474 OLSAT 7 Reusable Test Booklets, Form 3, Grades 4 & 5, Level E (For grades 4 & 5 you may reuse the booklets so you don't have to order one for each student, but you also must order #6475 OLSAT 7 Hand scorable answer documents, Form 3, Level E/F/G)
- Choose a day you wish to do the screening. Classroom teachers can screen their own class or the teacher of the gifted or school counselor may do it. Test booklets come with a teacher guide that is scripted and very easy to use.
- Prior to conducting the screening, send a letter home to parents of that grade level, telling them what you are doing (for example: screening every 2<sup>nd</sup> grader for possible gifted services) why you are doing it (to build your program and give every child an equal opportunity) and when you are doing it. You may also want to say that if you do not want your child to participate, please sign and return this letter, otherwise everyone will be screened.
- The things you have to do (besides order the booklets and schedule the screening):
  - Check to make sure no child in that grade level has been given the OLSAT in the past six months. There must be at least six months between screenings.
  - Check to make sure that no child has previously been given a psychological. If a child has already been administered a psychological, then you have to go before your MRT team and determine if he/she is a good candidate (scored close but not quite enough) to be evaluated again.
- The tests will need to be scored, all directions are in the teachers guide. This will be the longest part of the entire thing, as hand scoring is time consuming! Anyone who scores 120 or higher must have sensory screening completed (with parent consent) prior to referral for individual testing.
- Remember if students are already receiving gifted services they do not need to participate in the sweep. You may also not want to screen children who are already in ESE, but that's your decision.

## Secondary Grade Level Sweep

In an effort to increase the number of students currently receiving gifted services at your school consider conducting a "grade level sweep" which literally means you test every child in a given grade level. When you conduct a "sweep" you screen every child, there is no distinction between "Plan A" and "Plan B" students. It is recommended that you complete the sweep early in the school year (between August and November) so that children who will be going on to individual testing have time to do so before the end of the school year. A vision/hearing screening is not required.

- First, choose a grade level you wish to screen. If you do a grade level sweep then you do not need parent permission, as everyone in the class is getting the same thing. However, students who have previously had IQ testing for any exceptionality and students who have taken the OLSAT in the last six months are not to be screened. If you choose to do only a select few (such as all A-B students or Level 3 and above) then you would need individual consent forms.
- Order as many booklets as you need from the store room, they come 25 to a package:
  - #7271 OLSAT 7 Reusable Test Booklets, Form 3, Grades 6-8, Level F
  - #7272 OLSAT 7 Reusable Test Booklets, Form 3, Grades 9-12, Level G
  - (For grades 6-12 you may reuse the booklets so you don't have to order one for each student, but you also must order #6475 OLSAT 7 Hand scorable answer documents, Form 3, Levels F/G)
- Choose a day you wish to do the screening. Classroom teachers can screen their own class or the teacher of the gifted or school counselor may do it. Test booklets come with a teacher guide that is scripted and very easy to use.
- Prior to conducting the screening, send a letter home to parents of that grade level, telling them what you are doing (for example: screening every \_\_\_\_ grader for possible gifted services) why you are doing it (to build your program and give every child an equal opportunity) and when you are doing it. You may also want to say that if you do not want your child to participate, please sign and return this letter, otherwise everyone will be screened.
- The things you have to do (besides order the booklets and schedule the screening):
  - Check to make sure no child in that grade level has been given the OLSAT in the past six months. There must be at least six months between screenings.
  - Check to make sure that no child has previously been given a psychological. If a child has already been administered a psychological, then you have to go before your MRT team and determine if he/she is a good candidate (scored close but not quite enough) to be evaluated again.
- The tests will need to be scored, all directions are in the teachers guide. This will be the longest part of the entire thing, as hand scoring is time consuming! Anyone who scores 120 or higher must have sensory screening completed (with parent consent) prior to referral for individual testing.
- Remember if students are already receiving gifted services they do not need to participate in the sweep. You may also not want to screen children who are already in ESE, but that's your decision.

## Resources

ESE portal website:

<https://web.dcps.duval.us/technology/WebPartPages/encore.aspx>

- Manuals
- Tip Sheets
- EE/SS additional forms to support Encore 7

Help Desk 348-5200

- District wide assistance for technology
- Option 2 for specific assistance with Encore 7

Additional questions?

- Joni Shook , District Level Counselor 390-2090  
[shookj@duvalschools.org](mailto:shookj@duvalschools.org)
- Donna Taylor, Gifted Specialist 346-4601 ext. 102  
[taylord2@duvalschools.org](mailto:taylord2@duvalschools.org)