

REPORT OF IDENTIFICATION TEAM
PLACEMENT FOR GIFTED PROGRAM

Adoption Date: 6/14/05, 5/11/10

Revision Date:

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Name _____ Date of Birth _____

Age _____ Grade _____ Sex _____

1. Initial Screening

Group Achievement Tests Results Date

Group Intelligent Tests

Individual Tests

2. Further Assessment

Application Form, Teacher Referral, Cumulative Grades, Attendance Record

Comments _____

3. Identification Team Decision: _____ Placed _____ Not Placed

Principal _____ Teacher _____

Counselor _____ Coordinator _____

Teacher _____