

# Gift Written Report

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Initial Referral

Reevaluation

**Student Name:**

**Student Birth Date:**

**Grade:**

**Date Report Provided to Parents:**

**School District:**

**School:**

**Reason for Referral:**

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

### **I. Information Gathered**

1. Information from the parents
2. Information from others who interact with the student on a regular basis
3. Information from the student (if appropriate)

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

1. Ability and achievement test scores
2. Rates of acquisition and retention
3. Achievement, performance, expertise in one or more academic areas as evidenced by excellence of products, portfolio or research, as well as criterion-referenced team judgment

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

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

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

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

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

## For Reevaluation

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

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

1. Instructional activities that have been successful
2. Recommendations for revision of the GIEP

## Gifted Multidisciplinary Team

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

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

# 资优书面报告

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初次转荐

重新评估

学生姓名：

学生出生日期：

年级：

报告提供给家长的日期：

学区：

学校：

转荐原因：

各学科领域评估结果摘要/评估结果解读

## I. 所收集的信息

1. 家长提供的信息
2. 定期与学生互动的其他人提供的信息
3. 学生提供的信息（如适用的话）

## II. 评估与学生疑似存在天赋方面相关的学术功能

1. 能力和成绩测试分数
2. 学习获取和保留率
3. 一个或多个学术领域的成就、表现、专业知识，可以其卓越的产品、产品组合或研究以及以标准为参考的团队判断作为证明

## III. 学习优势，包括与学生疑似天赋方面相关的专业技能、兴趣和才能

## IV. 与学生的疑似天赋方面相关的教育需求

1. 差异化教学
2. 请指出任何可能掩盖天赋能力的干预因素（如英语作为第二语言、学习障碍、身体障碍、情感残疾、性别或种族偏见或社会/文化剥夺）

## V. 资优个性教育计划（GIEP）团队特别设计教学的结论及建议

1. 结论 - 确定资格和教育需求：请选择 A, B 或 C
  - A.  学生没有资优，因此没有资格获得资优安置和项目
  - B.  学生有天赋，但不需要专门设计的教学，因此没有资格获得资优安置和项目
  - C.  学生是有天赋的，需要专门设计的教学，因此有资格获得资优安置和项目
2. GIEP 团队对学生教育计划的建议

## 用于重新评估

### I. 关于是否继续需要资优教育的建议

### II. 以学生的 GIEP 进行审查

1. 成功的教学活动

2. 关于修订 GIEP 的建议

### 资优多学科团队

名字	所担任角色或职位
	家长/监护人
	家长/监护人
	认证学校心理学家
	老师

\*随附请见《资优学生家长权利通知》，该通知提供了有关上述选项的信息。