Alachua County
Public Schools

Student Support Services
Checklist for Gifted Referrals

Student Name:_____ Date:_____ Date of Birth:_____

Student #:_____ School:_____ Grade:_____

Type of Referral: *(check if applicable)*

    Out of State Transfer   ☐   *Current ESE Student   ☐

    Out of State Evaluation   ☐   Private evaluation   ☐

		Date	Initials
1.	Screening Checklist of Student Characteristics (for school records only)	_____	_____
2.	Educational Planning Team Screening Record	_____	_____
3.	Gifted Pre-Referral Data Summary Sheet	_____	_____
4.	Parent Consent for Gifted Program Screening & Pre-Referral	_____	_____
5.	Student Nomination Form	_____	_____
6.	Informed Notice & Consent for Evaluation	_____	_____
7.	* Informed Notice & Consent for Re-Evaluation (current ESE student)	_____	_____
8.	Checklist of Gifted Characteristics	_____	_____
9.	Sent to Psychological Services – Principal/Designee Initials & Dates	_____	_____
10.	Logged Psychological Services	_____	_____
		Secretary	Psychologist
11.	Evaluation	_____	
12.	Report	_____	_____
13.	Sent to ESE: Anticipated Staffing Code: HP☐ LP☐ BHP☐ BLP☐		
14.	Return to Psychologist – if applicable	_____	_____

*   **Gifted referrals of students already in an Exceptional Student Education Program need the Informed Notice & Consent for Re-Evaluation form instead of the Informed Notice & Consent for Evaluation form.**