

ADMINISTRATIVE REGULATION

PENN MANOR SCHOOL DISTRICT

APPROVED: March 18, 2011

REVISED: July 2, 2012

114-AR-7. GIFTED WRITTEN REPORT (GWR)
***** Student *****

Initial Referral

Re-Evaluation

Student Name: _____ **Date of Report:** _____

School District: _____

School: _____

Student Birth Date: _____ **Grade:** _____

Other Demographic Data as Needed: _____

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

I. Information Gathered

- Information from the parents/guardians:

- Information from others who interact with the student on a regular basis:

- Information from the student (if appropriate):

II. Assessment of Academic Functioning Relevant to the Student's Suspected Giftedness

- Ability and Achievement test scores
- Rates of acquisition and retention
- 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

- Higher Level Thinking Skills
- Academic Creativity
- Leadership Skills
- Intense Academic Interest
- Communications Skills

- Foreign Language Aptitude
- Technology Expertise

IV. Educational Needs Relevant to the Student's Suspected Giftedness

- Specially designed instruction
- 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 GIEP Team

- Conclusions - Determination of Eligibility and Educational Needs
Select A or B or C.
 - A. [] The student is not gifted and therefore is **not eligible** for gifted placement and programming.

OR

 - B. [] The student is gifted but does not need specially designed instruction, and therefore is **not eligible** for gifted placement and programming.

OR

 - C. [] The student is gifted **and** is in need of specially designed instruction, and therefore **is eligible** for gifted placement and programming.
- Recommendations for consideration by the GIEP team for the student's educational programming.

For Re-Evaluation

I. Recommendation Regarding Continued Need for Gifted Education

II. Review of the Student's GIEP

- Instructional activities that have been successful

- Recommendations for revision of the GIEP

Gifted Multidisciplinary Team

NAME	POSITION
_____	Parent/Guardian
_____	Parent/Guardian
_____	Certified School Psychologist
_____	Teacher
_____	_____
_____	_____
_____	_____

Copies to: Parent(s)/Guardian(s)
Teacher(s)
Building principal
Others:

* The enclosed Notice of Parental Rights/Procedural Safeguards provides information on the options listed above.