**Gifted Identification Team Review Form**

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| --- | --- |
| Student |  |
| Grade |  |
| Referral Date |  |
| Date of Determination Meeting |  |
| Team Members |  |

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| --- |
| How was the student referred? |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instrument Type** | **Instrument Name** | **Score** | **Comments** | **Qualifying?** |
| Norm-referenced Test of **Cognitive Ability**  *95th percentile or higher* |  |  |  |  |
| Criterion- and Normed-referenced **Achievement Test**  *95th percentile or higher* |  |  |  |  |
| Norm-referenced **Observation Scale**  *95th percentile or higher* |  |  |  |  |
| Norm-referenced Test of **Creative Ability**  *95th percentile or higher* |  |  |  |  |
| **Performance** Evaluations  *Advanced/Distinguished/*  *Above Grade Level* |  |  |  |  |
| **Parent** Input/Checklist |  |  |  |  |
| **Student** Input/Checklist |  |  |  |  |
| Additional Data |  |  |  |  |

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| --- | --- |
| **Does the Body of Evidence meet the criteria for identifying the student in one of the areas of giftedness?**  *At least three qualifying points at or above the 95th percentile or Advanced or Distinguished level that point toward a single area of giftedness.* |  |
| **Next Steps** |  |