

Office of Gifted Education Gifted Identification Determination and Body of Evidence

Student Name:	Race/ Ethnicity:
Grade:	IEP or 504 Plan: 🛛 Yes 🗆 No
Gender:	Heritage Language:

Identification Team Members:

Name	Role	Place a check next to the team member trained or endorsed in gifted
1.		
2.		
3.		
4.		
5.		

Learner Profile

What are the learner's observed academic, non-academic (talent and/or affective), school-based, and non-school based strengths?

Student	Family	Teacher	Other

What are the learner's interests (school-based, not school-based, etc...)?

Student	Family	Teacher	Other

What additional factors need to be considered for this learner when selecting appropriate assessments and reviewing the body of evidence?

Assessment Selection Criteria

Which strength area is being considered for gifted identification? (If multiple areas of strength are being considered, please ensure that assessment selection aligns to each strength area and for each strength area you have identified multiple types and sources of data.)

□ Reading	🗆 World Language	🗆 Leadership
□ Writing	□ Visual Arts	□ Creative/Productive Thinking
🗆 Math	Performing Arts	🗆 General Intellectual Ability
□ Science	□ Musical	□ Psychomotor
\Box Social Studies	□ Dance	

Levels of Performance

Review of assessment results gathered/conducted for gifted determination.

Body of Evidence Assessment Results & Source of Information	Type of Assessment	Norming Information	What evidence does this provide about the student's need for gifted services? (Academic and Affective)
	 Ability Achievement Grade Level Off Grade Level Observation Performance Other: 	 Norm Referenced National Local District School Subgroup Criterion Referenced Qualitative Data 	
	 Ability Achievement Grade Level Off Grade Level Observation Performance Other: 	 Norm Referenced National Local District School Subgroup Criterion Referenced Qualitative Data 	
	 Ability Achievement Grade Level Off Grade Level Observation Performance Other: 	 Norm Referenced National Local District School Subgroup Criterion Referenced Qualitative Data 	

 Ability Achievement Grade Level Off Grade Level Observation Performance Other: 	 Norm Referenced National Local District School Subgroup Criterion Referenced Qualitative Data 	
 Ability Achievement Grade Level Off Grade Level Observation Performance Other: 	 Norm Referenced National Local District School Subgroup Criterion Referenced Qualitative Data 	
 Ability Achievement Grade Level Off Grade Level Observation Performance Other: 	 Norm Referenced National Local District School Subgroup Criterion Referenced Qualitative Data 	

Review present levels of social emotional need-including the student's strengths and challenges.

Describe how the student's abilities and social emotional needs affect their involvement in the general education curriculum/classroom.

After reviewing academic baseline data and affective data does everyone agree that this body of evidence accurately describes the students' strengths? If no, document why not.

□Yes

 \Box No, please document

Does this body of evidence provide information to identify specific programming needs?

🗆 Yes

 \Box No

If no, explain what additional data is needed to be able to determine programming needs. This must be added to the body of evidence.

Determination Decision

After reviewing academic and affective data, do we have enough information to make a determination for the need for gifted services and identify programming needs?

□ Yes, the student's body of evidence supports gifted identification.

Explanation of decision to identify

Document the specific programming needs as evidenced within the BOE

□ Additional information needed prior to a determination being made.

Please list what additional information is needed and establish a timeline for the ID team to review the updated body of evidence once additional information is gathered.

 \Box No, the student's body of evidence does not support identification at this time.

Identified area(s) of strength:

□ Reading □ Writing □ Math

□ Social Studies

World Language
 Visual Arts
 Performing Arts
 Musical
 Dance

Leadership
 Creative/Productive Thinking
 General Intellectual Ability
 Psychomotor

Family Communication:

Date:

Attach a Copy of the Determination Letter

Date of Initial Advanced Learning Plan (ALP) Meeting: