

GIFTED WRITTEN REPORT (GWR)

***** Student

[] Initial Referral

[] Reevaluation

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

School District: _____

School: _____

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

Other Demographic Data as Needed: _____

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

Summary of Findings/Interpretation of Assessment Results

I. Assessment of Academic Functioning

- Ability and Achievement test scores

- Rates of acquisition and retention

- Achievement, performance, expertise in one or more academic areas

- Specialized skills, interests, aptitudes (such as higher level thinking skills, academic creativity, leadership skills, intense academic interest, communication skills, foreign language aptitude, technology expertise)

- Other

- 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)

II. Learning Strengths:

III. Educational Needs:

IV. Conclusions and Recommendations to GIEP Team:

For Reevaluation

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

Copies to:

Parent(s)
Teacher(s)
Building principal
Others: