

Gifted Referral Checklist

Student: _____ **Grade:** _____

School: _____ **Student Number:** _____

- _____ **ESE #11 Notification of Meeting**
- _____ **PST #10 Meeting Summary Form**
- _____ **PST #9 Evaluation Permission**
- _____ **ESE #6 Gifted Referral Checklist**
- _____ **PST #8 Referral**

- _____ **Gifted Referral Packet sent to Special Programs Office**
- _____ **Gifted Referral Packet received by ESE Director**
- _____ **Gifted Referral Packet given to School Psychologist**
- _____ **Date of Evaluation**
- _____ **Date of Eligibility Meeting/Staffing**