



Exceptional Student Education
Gifted Pre-Referral Data Summary Sheet

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_
Student#: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Primary Language at Home: \_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_
Parent/Guardian Address: \_\_\_\_\_
Parent/Guardian Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please check: [ ] Plan A [ ] Plan B

I. Screening/Pre-Referral Data Summary

- Pre-referral Checklist of Student Characteristics and Total: \_\_\_\_\_
Reading and Math national percentile score on group achievement test:
Total Reading or most comprehensive Reading score Score: \_\_\_\_\_
Total Math or most comprehensive Math score Score: \_\_\_\_\_
Or Total: \_\_\_\_\_
Individual-group ability or achievement test
Required for : Plan A (K-2 without achievement scores)
Plan B (K-2 without achievement scores)
Plan A & B (2-8 achievement scores below criteria)

Test: \_\_\_\_\_ Score: \_\_\_\_\_

II. Summary of Data

- [ ] Student meets pre-referral criteria - refer for further evaluation
[ ] Pre-referral criteria not met- continue in general education
[ ] Schedule EPT - Required for requesting a waiver of pre-referral criteria

III. Recommendation of EPT Date: \_\_\_\_\_

- [ ] Continue in General Education [ ] Request Waiver (+) - STATEMENT REQUIRED

Statement \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Teacher Teacher of the Gifted
CRT Counselor
Principal ESE Director/Designee

- [ ] Waiver approved [ ] Waiver not approved

IV. Disposition

- [ ] Refer for further evaluation [ ] Does not meet screening/pre-referral criteria [ ] Other

Signature of Principal or Designee Date