



GIFTED *PLAN B* CHECKLIST
Miami-Dade County Public Schools
Division of Advanced Academic Programs



Student: _____ **ID#:** _____

School: _____ **Region Center:** _____

I. The following items need to be completed and sent to the appropriate personnel at the Region Center Exceptional Student Education (ESE) Office along with the Gifted Plan B checklist:

- A. *M-TEAM Request for Evaluation Form* FM-2561.
- B. *Williams Scale Form* (Required only if achievement test score is less than 98%ile).
- C. *Gifted Characteristics Checklist* FM-7051
- D. *Notice of Intent and Parental/Guardian Consent to Conduct an Evaluation* FM-4961E (Required only if achievement test score is less than 98%ile).
- E. *Gifted Eligibility Determination Form* FM 7081 /FM 7082 /FM 7083 Rev. (04-01). Complete the student information section of this form.
- F. *Home Language Screening Questionnaire* FM-5196ESH or FM-4219E (To be used only if student has a current IEP).

II. Please provide the following information:

A. Achievement Test Score Information (Please indicate test administered).

- _____ *Stanford Achievement Test-Ninth Edition (SAT-9)*
- _____ *Metropolitan Achievement Test, Seventh Edition (MAT-7)*
- _____ *Florida Comprehensive Assessment Test Norm Referenced Test (FCATNRT)*
- _____ *Aprenda II (Spanish Language) Achievement Test*
- _____ Other Test Administered _____

	Date Administered	Percentile
● Reading Comprehension		
● Mathematics Applications/ Concepts and Problem Solving		

B. Documentation of Need for Gifted Program Services:
 The Child Study Team (CST) has met and reviewed the student profile of _____ and determined that if eligible, gifted program services would be beneficial for this student.

 Print Name of CST Chair

 Signature of CST Chair

 Date