



**Miami-Dade County Public Schools
Division of Advanced Academic Programs**



**Projected Request for Secondary Gifted Units/Supplements
20__ - 20__**

Region Center _____ **School** _____ **Location #** _____

Total number of eligible gifted students _____
 Number of eligible gifted students taking one class _____
 Number of eligible gifted students taking two classes _____
 Number of eligible gifted students taking three or more classes _____
 Number of minutes per class period _____

List all projected gifted classes. Do not include classes containing advanced and gifted students during the same period with the same teacher and different course code numbers. A mixed class does not generate gifted funding and may not be designated as a gifted class.

The final allocation of gifted units/supplements is based on the gifted FTE generated AND the number of open gifted sections.

Title of Course Scheduled	Grade Level	Projected Number of Sections	Projected Class Enrollment	Teacher	Indicate if teacher requires a waiver*

Total Supplements Requested _____ Total 6790 Units Requested** _____

Principal _____ Date _____ Region Center Business Director _____ Date _____

**** Five supplements yield one unit. The instructor placed in the unit must teach five gifted classes.**

In addition to gifted FTE generated, each gifted student enrolled in gifted classes generates .52 of basic FTE. The gifted FTE and the basic FTE together comprise the funding source for your students.

FOR DISTRICT OFFICE USE ONLY:

As Requested, Projected Total Gifted Units/Supplements Generated on FTE _____

Projection Approved _____ **Date** _____

Instructional Supervisor

Date _____

Administrative Director