



**Miami-Dade County Public Schools
DIVISION OF ADVANCED ACADEMIC PROGRAMS
Elementary/K-8 Centers Gifted Program Survey
20 ____ - 20 ____**



School: _____ WL: _____ Phone: _____ Fax: _____
 Principal: _____ E-mail: _____ Regional Center: _____
 Assistant Principal: _____ E-mail: _____ Extension: _____
 Gifted Program Contact/Coordinator: _____ E-mail: _____ Extension: _____

Select all that apply

Full Time Resource
 Content (Please all that apply)
 Language Arts Science
 Mathematics Social Studies

Select all applicable grade levels:

Kindergarten Grade 6
 Grade 1 Grade 7
 Grade 2 Grade 8
 Grade 3
 Grade 4
 Grade 5

Name	Employee ID#	Areas of Certification	Gifted Endorsed	# of Courses Needed for Endorsement	Waiver Requested	# of Years Teacher Gifted	Current Teaching Assignment	
							Subject(s)	Grade(s)
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> YES Date: _____ <input type="checkbox"/> NO		<input type="checkbox"/> Language Arts <input type="checkbox"/> Mathematics <input type="checkbox"/> Social Studies <input type="checkbox"/> Science	<input type="checkbox"/> K <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8
Teacher's e-mail: _____								
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> YES Date: _____ <input type="checkbox"/> NO		<input type="checkbox"/> Language Arts <input type="checkbox"/> Mathematics <input type="checkbox"/> Social Studies <input type="checkbox"/> Science	<input type="checkbox"/> K <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8
Teacher's e-mail: _____								
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3	<input type="checkbox"/> YES Date: _____ <input type="checkbox"/> NO		<input type="checkbox"/> Language Arts <input type="checkbox"/> Mathematics <input type="checkbox"/> Social Studies <input type="checkbox"/> Science	<input type="checkbox"/> K <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8
Teacher's e-mail: _____								

Name of person preparing from (print)

Signature

Date

Principal's name (print)

Signature

Date

Please submit to:
 9622 - SBAB Annex, Room 235
 Attention: Elementary Gifted Survey
OR
 FAX: 305 995-7690
 Attention: Elementary Gifted Survey