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Miami-Dade County Public Schools
giving our students the world

Miami-Dade County Public Schools
Division of Advanced Academic Programs

Consultation Model: High School Gifted Services
20 ___ - 20 ___ Change of Level

Student's Name: _____ **ID #:** _____
Parent/Guardian's Name: _____ **Phone Number:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
GPEN Teacher's Name: _____ **Course:** _____
Gifted Priority Educational Need (GPEN): ☐ Language Arts ☐ Mathematics ☐ Social Studies ☐ Science **Consultation Teacher's Name:** _____

Date	Level	Person(s) Contacted	Reason(s) for Change of Level		Recommended Strategies	
	Current Level ☐ I ☐ II ☐ III **New Level** ☐ I ☐ II ☐ III	☐ Administrator ☐ Counselor ☐ Student ☐ Teacher: _____ Course: _____ ☐ Social Worker ☐ Parent	☐ Academic Performance ☐ Behavior ☐ Grades ☐ Interim Progress Report ☐ Attendance	☐ Social/Emotional Concerns ☐ Not making progress towards goals/objectives ☐ Organizational Skills ☐ Other: _____	☐ Instructional Support ☐ Small Group Instruction ☐ Classroom-based Instruction ☐ Cooperative Learning ☐ Guided Instruction ☐ Independent Study ☐ Computer Assisted Instruction ☐ Appropriate Grouping Practices	☐ Hands-on instruction linked to real world context ☐ Additional Resources ☐ Mentoring ☐ Individual Teacher Assistance ☐ Parental Involvement ☐ Other: _____

DETAILED EXPLANATION OF STRATEGIES AND SUGGESTED IMPLEMENTATION:

COMMENTS: